



**High School Band Director's National Association**  
**Membership Application**

**Return to:**  
**HSBDNA**  
**PO Box 8892**  
**Columbus, Ga 31909**

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_  
**State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Work or Cell** \_\_\_\_\_  
**E-Mail** \_\_\_\_\_

**Select Area of Interest:**

Brass     Woodwind     Percussion     Corporate   
Community     Administration     Technology

I am interested in obtaining information regarding earning Professional Learning Units for teaching certificate renewal.

Membership Fees are \$25.00 annually and may be submitted by mail.  
The fiscal period is from September to August of each year.

**YES, I would like to join the HSBDNA. Please find my enclosed check for \$25.00  
(Make payable to High School Band Directors National Association.)**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**HSBDNA**  
**706-568-0760**

Visit Our Website at [www.hsbdna.com](http://www.hsbdna.com).