

**SOUTHERN UNIVERSITY  
DEPARTMENT OF BANDS**

**MEMBERSHIP APPLICATION FORM**

Composite ACT or SAT Score \_\_\_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_ DATE OF

BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ SS# \_\_\_\_\_ HOME TELEPHONE

NUMBER \_\_\_\_\_ CELL \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PARENTS /GUARDIAN'S NAME \_\_\_\_\_

ARE YOU A TRANSFER STUDENT? \_\_\_\_\_ If so, what college/university are you transferring from? \_\_\_\_\_

HIGH SCHOOL ATTENDED \_\_\_\_\_

BAND DIRECTOR'S NAME \_\_\_\_\_

PRIMARY INSTRUMENT \_\_\_\_\_ SECONDARY INSTRUMENT (If Any) \_\_\_\_\_

YEARS PLAYED \_\_\_\_\_ YEARS IN BAND \_\_\_\_\_ HIGHEST CHAIR HELD \_\_\_\_\_

DO YOU OWN YOUR OWN INSTRUMENT? \_\_\_\_\_

MAKE AND MODEL \_\_\_\_\_

WHEN DO YOU PLAN TO ENTER SOUTHERN UNIVERSITY? (Month/Year) \_\_\_\_\_

YOU PLAN TO LIVE (Check One) ON CAMPUS \_\_\_\_\_ OFF CAMPUS \_\_\_\_\_

PROBABLE MAJOR IN COLLEGE \_\_\_\_\_

NOTE: BAND MEMBERSHIP IS OPEN TO ALL UNIVERSITY STUDENTS REGARDLESS OF THEIR MAJOR, SEX, RELIGION, OR NATIONAL ORIGIN.

RECOMMENDED SIGNATURE OF HIGH SCHOOL BAND DIRECTOR  
\_\_\_\_\_

UPON RECEIPT OF THIS APPLICATION, YOUR NAME WILL BE PLACED ON OUR MAILING LIST SO THAT YOU MAY RECEIVE ADDITIONAL INFORMATION REGARDING AUDITION AND PRE BAND CAMP.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE SEND APPLICATION TO LAWRENCE JACKSON, DIRECTOR OF BANDS, P.O.BOX 9621, SOUTHERN UNIVERSITY, BATON ROUGE, LA 70813. BAND DEPARTMENT PHONE NUMBER (225) 771-3528, FAX NUMBER (225)771-4075