



**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: Street/City/State/Zip Code: \_\_\_\_\_

PARENTS/GUARDIANS' NAME: \_\_\_\_\_

ARE YOU A TRANSFER STUDENT? \_\_\_\_\_

If so, what COLLEGE/UNIV. are you transferring from? \_\_\_\_\_

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

NAME OF BAND DIRECTOR: \_\_\_\_\_

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**