Michigan Competing Band Association



2025-26 MCBA Unit Membership Application

| Name of School | | | | | |
|-------------------------------|-------------------------|-------------------|--------------------------------|------------|-----|
| City (if different from schoo | I name) | | | | |
| Address(es) should be | e the location to which | you want all MCE | A correspondence to be mailed. | | |
| | Only list | State Certified B | and Director(s) employed by t | he school. | |
| Band Director's name: | | | Band Director's name: | | |
| School Address | | | School Address | | |
| City | | Zip | City | | Zip |
| School Phone | Cell Phone | | School Phone | Cell Phone | |
| Email Address* | | | Email Address* | | |
| Band Director's name: | | | Band Director's name: | | |
| School Address | | | School Address | | |
| City | | Zip | City | | Zip |
| School Phone | Cell Phone | | School Phone | Cell Phone | |
| Email Address* | | | Email Address* | | |

APPLICATION AND ENTRY FEES FOR THE STATE CHAMPIONSHIP PRELIMINARY AND FINAL CONTESTS ARE INCLUDED AS A PART OF THE UNIT MEMBERSHIP – THERE ARE NO SEPARATE APPLICATION PROCESSES OR FEES

UNIT MEMBERSHIP FEE: \$400

DEADLINE FOR RECEIPT OF UNIT MEMBERSHIP APPLICATION IS SEPTEMBER 1, 2025

Late applications (not received by MCBA by September 1, 2025), will only be accepted if received by September 8, 2025.

THE MEMBERSHIP FEE FOR ANY LATE APPLICATION SHALL BE \$600.

* Make sure the email address(es) listed above will accept messages from mcba.exec.dir@gmail.com when sent in a group and contain attachments (check with your school's IT director to make sure emails from MCBA are not blocked).

Make check payable to MCBA. Please send payment and application form to:

MCBA, 1583 Lake Breeze Ct., Muskegon, MI 49445

Note: Payment MUST accompany this form - DO NOT EMAIL.