

Bethel:	HQ:	PHQ/MM:	GB:	CAV:	
Do you want to be a: GB Officer:		GB Rep:			
Name:					
Birth Date:			Age:		
Have you held 2 Grand Bethel Officers/Rep 2 years in a row?				Yes	No
Do you play an instrument: Yes		No			
Instruments you play:					
Address:					
City/State:			Zip:		
Phone with Area Code:					
Email Address:					
Signature:					

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