

Band Member Release/Transfer Form



This form should be used by individual PPBSO members to formally be released from and/or transferred to a pipe band.

Pipers' & Pipe Band Society of Ontario
PO Box 51063,
Milton, ON L9T 2P2
905-878-3000
www.pipebandsontario.org

Date:

Member Information

PPBSO Membership #: <input type="text"/> Full Name: <input type="text"/>	Date of Birth: <input type="text"/> required for minors Signature: <input type="text"/>
Address: <input type="text"/> City: <input type="text"/>	State/Province: <input type="text"/> Zip/Postal Code: <input type="text"/>

Releasing Pipe Band Information (if applicable)

Band Name: <input type="text"/> City: <input type="text"/> Grade: <input type="text"/> The above PPBSO member was a: <input type="radio"/> Piper <input type="radio"/> Drummer <input type="radio"/> PM <input type="radio"/> LD <input type="radio"/> DM	Band Official (Full Name): <input type="text"/> Signature: <input type="text"/> Title/Rank: <input type="text"/>
<p>I confirm that all band owned equipment and uniform(s) have been returned to the band. I am <input type="checkbox"/> prepared to release the PPBSO member (listed above) from all band obligations and he/she should no longer be considered a member of this pipe band.</p>	

Accepting Pipe Band Information (if applicable)

Band Name: <input type="text"/> City: <input type="text"/> Grade: <input type="text"/> The above PPBSO member is a: <input type="radio"/> Piper <input type="radio"/> Drummer <input type="radio"/> PM <input type="radio"/> LD <input type="radio"/> DM	Band Official (Full Name): <input type="text"/> Signature: <input type="text"/> Title/Rank: <input type="text"/>
<p><input type="checkbox"/> I confirm that the PPBSO member (listed above) is a current member of this pipe band.</p>	

Upon completion, please email this form to the PPBSO Administrator (admin@ppbso.org)

or mail to:

PPBSO, PO Box 51063, Milton Central PO, Milton, ON L9T 2P2