

Membership Application

name:				
Name:				
(Spouse or 2nd Member)				
Address:				
City: Sta	nte:	Zip:	Phone:	
E-Mail:				
DOB:				
Type of membership: Student (r.) Family (\$50/yr.)	
Band (\$75/yr.) Business (\$100/yr.)			
If paying by check attach to form. Make	e check payab	le to Big Bend	Bluegrass Association	
Credit Card Information:				
Circle card type: Visa M/C Discover		rd #:		_
	Se	curity Code	Expiration Date:	
Additional Donation (Tax Deductible organization, run by volunteers, pro Texas. All contributions are greatly	moting blue	grass, country	- ·	
\$ General Fund				
Total being paid: \$				

Mail to: Cyndi Perdue Big Bend Bluegrass Association 420 Duncan's Lookout Alpine TX. 79830