



Membership Application

Date _____ Renewal Month _____
First Name _____ Last Name _____
Address _____
City _____ Zip Code _____
Home phone _____ Cell phone _____
Email address _____
Do you play a musical Instrument? _____
Other music organizations? _____

Annual Membership Dues
Individual ~ \$80⁰⁰

Please mail this form to:

Columbus Jazz Society

P.O. Box 387

Columbus, GA 31902

www.columbusjazzsociety.com