



New:	<input type="checkbox"/>	PAID
Renew:	<input type="checkbox"/>	<input type="checkbox"/>

SOUTH SOUND BLUES ASSOCIATION MEMBERSHIP APPLICATION

Date: _____

Name(s): _____

Address: _____

City, State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Note: the SSBA does not give out email or membership information

_____ Student/Senior Membership (65+) **\$10.00/year**

_____ Individual Membership **\$20.00/year**

_____ Family Membership **\$30.00/year**

_____ **Band Membership \$50.00/year**

_____ Corporate Membership **\$TBD/year**

_____ Lifetime Individual Membership **\$200.00**

_____ Lifetime Family Membership **\$300.00**

Volunteer Skills: _____

Occupation: _____

Which committee/committees would you be interested in volunteering for?

_____ Publicity _____ Newsletter/Webpage

_____ Fundraising _____ Membership

_____ Merchandise _____ Youth Programs

Are you a musician? (If so, what do you play?)

What bands would you like to see?

What are the venue locations you prefer?

Would you like to make a donation to our Youth Fund ?

Please make checks payable to:

South Sound Blues Association

PO Box 64605

Tacoma, WA 98464

_____ For SSBA Use Only: Form Received: _____ Welcome package sent:

_____ Card Expires: _____

For more information, contact Gary W.Grape, President, at GWGrape47@comcast.net or 253-230-6851