

Arizona Bluegrass Association Membership Application

(Circle One) 1 Year @ \$20.00

New Member [] Renewing Member []

Member Name:

_____ Picker [] Grinner []
Last First

Spouse's Name

_____ Picker [] Grinner []
Last First

_____ Apt. _____
Address

_____ State _____ Zip Code + 4 _____
City

Phone Number (_____) _____ -- _____

Email Address: _____

Birthdate: His mm /dd Hers mm /dd

Instrument(s): _____

Will you receive your newsletter via: [] E-mail or [] US Postal Mail

Would you like to be contacted regarding ABA volunteer opportunities? Yes [] No []

Volunteer interest areas: please circle
newsletter membership website event planning jams outreach

Would you like ABA Email Updates ? Yes [] No []

Other Comments: _____

Please mail form with payment to:

Arizona Bluegrass Association
P.O. Box 8139
Glendale, AZ 85312-8139

===== Office Use Only =====

Date: _____ Entered: _____ CK#: _____ Amnt: _____

Card Issued: _____ Exp Date: _____