

**WEST MICHIGAN
BLUEGRASS MUSIC ASSOCIATION**
MEMBERSHIP FORM

_____ \$10.00 yearly Single Membership
_____ \$15.00 yearly Family Membership
(Includes children through age 15.
List husband, wife, and children's names)

Membership runs through July 1st. of following year

Mail this completed form along with your check and self addressed stamped envelope to:

Ruth Lakatos
WMBMA Secretary
11926 Reed St.
Grand Haven, MI 49417

Make check payable to: WMBMA

Date: _____

_____ \$10.00 Single Membership _____ \$15.00 Family Membership
16 to 20 21 to 35 36 to 45 46 to 55 56 to 65 65 +

(Age brackets: Please circle the one(s) that apply.)

Name: _____
(List names of children 15 yrs. and younger included in this membership)

Address: _____

City: _____ State _____ Zip _____

Phone: (_____) _____ NEW or RENEWAL (Circle one)

E-Mail: _____