



## **Membership Form**

(Memberships are valid for one calendar year)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone : \_\_\_\_\_ Cell: \_\_\_\_\_

### **I would like to become a MAMA member:**

Individual @ \$50     Family @ \$150     Business @ \$510

Please list the bands you are in. Provide your business name if applying for a Business Membership. Provide your family members' names if applying for a Family Membership.

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I also may be interested in volunteering in the following areas:

Social Media Networking     Media & Publications     Event/Concert Production  
 Fundraising/Sponsorship     Volunteer     Scheduling     Membership

Make checks payable to:

M.A.M.A. or Montgomery Area Musicians Association  
1821 Norman Bridge Road  
Montgomery, AL 36104