

CAPE FEAR JAZZ SOCIETY MEMBERSHIP APPLICATION

I. Please provide us with your contact information.

First Name: _____ Last Name: _____

Spouse's Name: _____

(If couple membership)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

II. All memberships include our monthly newsletter, membership card(s), discounted tickets to CFJS concerts and sharing the joy of great jazz music.

Membership Categories (please check yours)

- Individual Membership \$25
- Individual Student Membership \$15
- Individual Professional Musician Membership \$20
- Couple Membership \$40

III. Please tell us if you're new to the Cape Fear Jazz Society or renewing your Membership.

New Member

Renewing Member

IV. We ask that you make your check payable to Cape Fear Jazz Society and mail the form with your payment to our Post Office Box.

Thank you for your support!

P. O. Box 4897
Wilmington, NC 28406



www.capefearjazzsociety.org

Cape Fear Jazz Society is a 501(c)3 non-profit organization with the mission of preserving, promoting and presenting the American art form of Jazz.