

# Membership Form



DATE: \_\_\_\_\_

## MEMBERSHIP TYPE:

INDIVIDUAL \$25 ☐

FAMILY \$40 ☐  
2 People

BAND \$55 ☐

STAR SUPPORTER \$150 ☐

STAR SUPPORTER \$250 ☐

STAR SUPPORTER \$500 ☐

STAR SUPPORTER \$1000 ☐

STAR SUPPORTER \$2000 ☐

STAR SUPPORTER OTHER AMOUNT \$ \_\_\_\_\_ ☐

## CONTACT INFORMATION:

FULL NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

If Applicable

ADDITIONAL MEMBER NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

VOLUNTEER YES / NO

MAIL TO:

CHECK NUMBER:

CASCADE BLUES ASSOCIATION

AMOUNT:

PO BOX 6566

PORTLAND, OREGON 97228-6566