

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

PO BOX 6566

PORTLAND, OREGON 97228-6566

AMOUNT: