



Membership Application

Date _____ Renewal Month _____
First Name _____ Last Name _____
Address _____
City _____ Zip Code _____
Home phone _____ Cell phone _____
Email address _____
Do you play a musical Instrument? _____
Other music organizations? _____

Annual Membership Dues

Individual ~ \$50⁰⁰

Additional guest memberships* ~ \$20⁰⁰ each (Limit two)

Children 12 and under ~ Free

*Guest membership cards will state "guest of _____"

Please mail this form to:

Columbus Jazz Society
P.O. Box 387
Columbus, GA 31902

www.columbusjazzsociety.com

Alex Pershounin

President

Janie Weise

Vice President

Steve Scott

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