



## MEMBERSHIP APPLICATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WORK PHONE (OPTIONAL) \_\_\_\_\_ OCCUPATION (OPTIONAL) \_\_\_\_\_

\*\*\*EMAIL ADDRESS \_\_\_\_\_ (IMPORTANT FOR CONTACT)

HOW INVOLVED WOULD YOU LIKE TO BE IN THE BLUES SOCIETY? Passive 1 2 3 4 5 Active

DO YOU HAVE ANY SPECIAL SKILLS? (Musician, Artist, Writing, Technology, Public Relations, Sales, etc.) \_\_\_\_\_

WHAT WOULD YOU LIKE TO SEE THE BLUES SOCIETY ACHIEVE? \_\_\_\_\_

HOW DID YOU HEAR ABOUT MVBS? \_\_\_\_\_

### **LIFETIME MEMBERSHIP: \$30**

- Entitles member to reduced admission fee to MVBS special events, except fundraisers
- Entitles member to reduced admission fee to monthly MVBS Jam sessions
- Entitles member to attend and participate in open MVBS meetings
- Entitles member to vote on topics and elections at open MVBS meetings

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

PLEASE RETURN APPLICATION TO AN MVBS BOARD MEMBER OR MAIL TO: MVBS, PO Box 8384, Utica, NY 13505

**THANK YOU FOR JOINING MVBS AND WELCOME TO THE SOCIETY! CHECK US OUT ON FACEBOOK!**

OFFICE USE ONLY: [ ] CASH [ ] CHECK # \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

CREDIT CARD: MasterCard [ ] Visa [ ] # \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

MEMBERSHIP CARD ISSUED [ ] MEMBERSHIP CARD TO BE MAILED [ ]