

# WASHMO BLUES SOCIETY

## Membership Application

Name \_\_\_\_\_  
First \_\_\_\_\_ Middle (optional) \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Do you play a musical instrument? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes

Which musical instrument(s) do you play? \_\_\_\_\_

Membership fees are \$20.00 per person.

Please be sure the form is filled out completely.

Mail the application with your payment to:

Washmo Blues Society  
PO Box 1283  
Washington, MO 63090

We will notify you when your application is processed.

Signature \_\_\_\_\_ Date \_\_\_\_\_