

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 _____

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 _____