## NKBMA MEMBERSHIP APPLICATION

Annual Membership Fees: Sing		·
Name		
Address		
City	State	Zip Code
Telephone	Cell Phone	
Email Address		
Optional:		
Birthday Month	Month	
Spouse Name	ouse Name Spouse Birthday Month	
Is this a new Membershi	p: <u>yes</u> no Renewa	l:yesno
Membership type:Si	ingle;Family/Couple;	Band;Business
Paid by:CashCh	neckCheck #	Date
•	usician;Music Te omputer Skills;We	
Interested in volunteering	ng to help with:	
•	board position; sical instruction( which i	
Step 1:	Step 2:	Step 3:
Complete Application	Return application and membership fee at an NKBMA event or by mail to:	You will receive your new membership card(s) at either event or in the mail.
	P.O. Box 133 Hebron, KY 41048	