

★ **MJS Membership Application Form** ★

YES! I/We want to join the Madison Jazz Society to help: **Preserve, Present and Promote great jazz.**

_____ Membership Renewal _____ New Member

Name _____
Name _____
Address _____
City _____ State _____ Zip Code+4 _____
Home phone _____
Work phone _____
E-mail _____
Fax _____

Also enclosed is a contribution in the amount of \$ _____ for: _____ MJS general support ❖ _____ MJS scholarship fund ❖ _____ underwrite Riverwalk broadcast on Wisconsin Public Radio or _____ jazz fest support.

Total Enclosed: \$ _____

Membership fee: \$30 per person (includes newsletter).

Make check payable to MJS.

Membership active through June 30; renewal is July 1.

Please fill out this section:

Membership information is sometimes made available to MJS members.

If you want any information **withheld**, please specify here:

_____ do not list my address _____ do not list my phone number _____ do not list my E-mail address

The information in the directory may be shared with other jazz organizations.

YES, I/we would like to help with:

_____ fund raising

_____ at concerts

_____ publicity

_____ newsletter

_____ at jazz fest

_____ MJS Website Design/Content

_____ mailings

_____ phoning

_____ committees

_____ on Jazz Fest Planning Committee _____ on Board of Directors

Other _____

Mail to: Madison Jazz Society Membership; P.O. Box 8866; Madison, WI 53708-8866

Please enclose a self-addressed, stamped envelope so we can mail your membership card to you.