



MJS Membership Application Form

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

Name _____

Name _____

Address _____

City _____ State _____ Zip Code+4 _____

Home phone _____

E-mail _____

Also enclosed is a contribution in the amount of \$ _____ for: ___ MJS general support ❖
___ MJS school grant fund or ___ MJS School Residency Program.

Total Enclosed: \$ _____

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

Make check payable to MJS.

Membership active through June 30, 2024.

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

___ MJS Website Design/Content

___ mailings

___ phoning

___ committees

___ on Board of Directors

Other _____

Mail to: Madison Jazz Society Membership; 3014 Dianne Drive; Middleton WI 53562-2425
Please enclose a self-addressed, stamped envelope so we can mail your membership card to you.