

C O A S T A L J A Z Z A S S O C I A T I O N
MEMBERSHIP APPLICATION FORM

NAME(S) _____

STREET _____

CITY _____ ST _____ ZIP _____

Telephone _____

Email _____

Occupation _____

Membership Categories: _____ Single \$30 _____ Couple \$45

_____ Corporate \$100 _____ Student (w/ ID) \$10

_____ Donation \$ _____ Acknowledge _____ Anonymous

In Memory/Honor of: _____

Make check payable to Coastal Jazz Association and mail to:

*Coastal Jazz Association
P.O. Box 60205
Savannah, GA 31420*

For more information call: Kim Manigault at 912-920-1317

I will volunteer for:

_____ Telephone _____ Vending at Festival _____ Backstage

_____ Festival/General _____ Newsletter _____ Monthly Jazz Events

_____ Nothing Right Now

Comments: _____

Thank you for supporting Jazz in Savannah!!!