

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 \_\_\_\_\_

Membership Categories:    \_\_\_ Single \$50    \_\_\_ Couple \$75  
                                  \_\_\_ 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!!!*