Charlotte County Jazz Society New Member Application Form

Membership is good for the concert year October through April

PLEASE PRINT:	Date:
New Membership:	\$80 per person
Name: (First, Middle Initial, La	ast):
Additional Name at Same Add	ress:
Street Address:	
City:	State: Zip Code:
Phone: ()	Email:
Permanent Resident?	YesNo
If "No," dates at Florida Addre	ss: From: To:
Are you a Musician interested	in playing at the jam sessions? Yes No
What Instrument(s)?	
Make check payable to: Char l	otte County Jazz Society, Inc. (a non-profit organization)
Mailing Address:	Charlotte County Jazz Society P.O. Box 495321 Port Charlotte, FL 33949-5321
Become CCJS supporter:	
various fund raising efforts dur assets from our endowment to low as they are to allow those v enough to afford it please cons	is than half of the cost to produce our concerts. We undertake ring the year to supplement these but inevitably we need to use balance the budget. We strive to keep our membership fees as with limited incomes to enjoy our shows. If you are fortunate ider additional donations to our endowment fund. You may port of our jazz performances or for the support our ams. Scholarship/Educational Fund: