

Charlotte County Jazz Society

New Member Application Form

Membership is good for the concert year October through April

PLEASE PRINT:

Date: _____

New Membership: _____ \$65 per person

Name: (First, Middle Initial, Last): _____

Additional Name at Same Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Email: _____

Permanent Resident? ___ Yes ___ No

If "No," dates at Florida Address: From: _____ To: _____

Are you a Musician interested in playing at the jam sessions? ___ Yes ___ No

What Instrument(s)? _____

Make check payable to: **Charlotte 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:

Our membership fees cover less than half of the cost to produce our concerts. We undertake various fund raising efforts during the year to supplement these but inevitably we need to use assets from our endowment to balance the budget. We strive to keep our membership fees as low as they are to allow those with limited incomes to enjoy our shows. If you are fortunate enough to afford it please consider additional donations to our endowment fund. You may earmark your donation for support of our jazz performances or for the support our educational/scholarship programs.

Endowment: _____

Scholarship/Educational Fund: _____