



Baltimore Jazz Alliance Membership Application

First Name: _____ Last Name: _____

Address: _____

Phone: _____ email: _____

Please describe yourself (only one):

- Music Lover Producer/promoter
 Musician Club owner/manager
 Agent Media
 Other _____

Amount of contribution:

- \$25 (basic) \$100 501(c)(3) organization]
 \$50 (sustaining) \$200 (corporate)
 \$100 (patron) \$15 (student – copy of ID required)
 \$_____ (other)

Please return this form along with your check to:

The Baltimore Jazz Alliance
847 North Howard Street
Baltimore, MD 21201

(a membership card will be mailed to you)

THANK YOU FOR JOINING! YOUR MEMBERSHIP MAKES A DIFFERENCE