



MEMBERSHIP FORM 2018

www.caboma.org

ANNUAL DUES:

- Individual and Family \$40

Make check payable to CABOMA and mail with this form to:

CABOMA

PO Box 303

Kensington, MD 20895

The following information will be used for any mailings to you, and for the CABOMA membership directory, so **PLEASE PRINT CLEARLY**.

If you do not want your name included in the directory, check here: _____

Name(s): _____

Address: _____

City, State, ZIP: _____

Phone (w/area code): Home _____ Cell _____

E-Mail Address(es): _____

I am a:	I play these instruments:	I play with these bands:
<input type="checkbox"/> Fan	_____	_____
<input type="checkbox"/> Singer	_____	_____
<input type="checkbox"/> Picker	_____	_____

Note: CABOMA is an all-volunteer organization. Please check any of the following functions that you are willing to perform to help our organization:

<input type="checkbox"/> making telephone calls	<input type="checkbox"/> helping to produce a concert
<input type="checkbox"/> leading or hosting a jam	<input type="checkbox"/> desktop publishing
<input type="checkbox"/> helping open/close jam venue	<input type="checkbox"/> conducting a workshop
<input type="checkbox"/> serving on a committee	_____ (other)

If you are a new member, WELCOME. Please use this space to tell us how you learned about us: