

# Prairie Crossroads Blues Society

## Membership Application

Name \_\_\_\_\_ Start Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

I would like to volunteer to help with the following tasks (check all those that apply):

Education/Blues in the Schools     Entertainment     Marketing  
 Membership     Newsletter     Website/Technology

Is this a Membership Renewal?  Yes  No; If renewing, please update any contact info that has changed.

### Membership Types:

**Individual** (\$20/Yr) \_\_\_\_\_

**Student** (\$10/Yr) \_\_\_\_\_

**Family** (\$25/Yr) \_\_\_\_\_ Please list family members (in addition to the name above) below if you want them included

**Band** (\$50/Yr) \_\_\_\_\_ Please list additional band members below (in addition to the name above):

**Corporate** (\$100/Yr) \_\_\_\_\_ Includes 3 memberships in addition to the name above (please list them below)

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ Email Address \_\_\_\_\_

We'd appreciate it if you'd make an additional donation to Prairie Crossroads Blues Society

To our General Fund \_\_\_\_\_ To our Education Fund \_\_\_\_\_

Total Enclosed \_\_\_\_\_

Make checks payable to:

**Prairie Crossroads Blues Society**

### **Mail to:**

Prairie Crossroads Blues Society  
P.O. Box 8652  
Champaign, IL 61826-8652

