



Membership Form

Annual Dues:
(prorated quarterly for new members)

Individual	\$24
Family (2 or more family members)...	\$36
Associate (17 yrs. old and under).....	\$12

Make check payable to CABOMA and mail this form to:

CABOMA
8404 Queen Annes Drive
Silver Spring, MD 20910-5549

The following information will be used for your newsletter mailing label, 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 Numbers (include area code)

Home _____

Work _____

FAX:

Home _____

Work _____

E-mail Address: _____

I am a:

Fan _____

Singer _____

Picker _____

I play these instruments:

I play with these bands:

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

Make telephone calls

Lead or hosting a jam

Conduct a workshop

Other (please specify) _____

Help to produce a concert

Desktop publishing

Serve on a committee

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