



www.caboma.org

MEMBERSHIP FORM

ANNUAL DUES:

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

Individual	\$24	CABOMA
Family (2 or more family members)	\$36	8522 Cottage Street
Associate (17 yrs. old & under)	\$12	Vienna, VA 22180

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:
Fan _____	_____	_____
Singer _____	_____	_____
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:

_____ making telephone calls	_____ helping to produce a concert
_____ leading or hosting a jam	_____ desktop publishing
_____ conducting a workshop	_____
_____ serving on a committee	_____ (other)

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