**Capital Area Bluegrass & Old-Time Music Association**

**Membership Application/Renewal Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name(s): | | |  | | | | |
| Address: | | |  | | | | |
| City, state, ZIP: | | | |  | | | |
| Phone: | | Home | | |  | Mobile |  |
| Email: |  | | | | | | |

Individual ($40/year)   
 Associate (Age 17 or younger, $20/year)  
Family ($60/year)

|  |  |
| --- | --- |
| Date: |  |

Print this completed form and bring it along with your check to the next jam or mail both to:

CABOMA  
c/o Hunter Jones  
1531 N. Jefferson St  
Arlington, VA 22205

Make out the check to CABOMA. You may also use PayPal.