

ECSGMA
Membership Application
202 Phillips Terrace
Dothan, AL 36303

Name _____

Group Name _____ Soloist _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Web Site _____

Home Phone _____ Cell Phone _____

Amount enclosed _____

Method of Payment: Check__ Visa__ MC__ Disc__ AMEX__

Card # _____ - _____ - _____ - _____ Exp Date _____

**Membership is \$15.00 per person and is a requirement
to qualify for nominations and voting in the beacon awards.
Please send completed application to the address above.**