

ECSGMA
Membership Application
PO Box 1057
Lynn Haven, FL 32444

Name _____

Group Name _____ Soloist _____

Address _____

City _____ State _____ ZIP _____

Website _____

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.