

Bay Area Gospel Music Association

APPLICATION FOR MEMBERSHIP

Annual Dues \$30.00

Please Print Clearly

*Last Name: _____ *First Name: _____

*Address: _____

Street

City

Zip

*Phone Number: (_____) _____ - _____ Referred by: _____

*Your Birthday: _____ (We use only the month and day. Year is not required if you prefer.)

Spouse's Name: _____ / _____

Spouse's Birthday

*Church Currently Attending: _____

*Are you a...Group Member? _____ Soloist? _____ Sponsor? _____ Musician? _____ Music Director? _____

Are you available for Weekdays/Daytime Ministries? YES _____ NO _____

E-Mail: _____ Website _____

Group Name (if applicable): _____

Do you or your group currently have CDs ? _____

If you were needed to sit in with another group, would you be willing to do so? _____

Why do you want to become a member of this organization?

***All members of the BAY AREA GOSPEL MUSIC ASSOCIATION will be expected to uphold Christlike standards in their lives. Because of the voluntary participation of this organization, it reserves the right to revoke the membership of those who disregard Christlike morals and standards.**

I understand and agree with the above statement.

*Signature _____ *Date _____

*A member is every person covered under the paid annual membership dues. This will include sponsors soloist, musicians, or group members. Every member is required to fill out an application for our records.

Please submit and maintain a current photo to be used for the Trumpet and BAGMA flyers.

Application can be mailed to: BAGMA, Post Office Box 8308, Baytown, TX. 77522

* Required information

Revised 10/30/16