BAGMA 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 only use the month and day. Year is not required if you prefer).*

SPOUSE'S NAME: _____ **BIRTHDATE OF SPOUSE:** _____

***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? YES _____ **NO** _____

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 member of the BAY AREA GOSPEL MUSIC ASSOCIATION will be expected to uphold Christ-like standards in their lives. Because of the voluntary participation of this organization, it reserves the right to revoke the membership of those who disregard Christ-like 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, soloists, 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 DOCUMENTS.**

Application can be mailed to: BAGMA, PO Box 8308, Baytown, TX, 77521

***REQUIRED INFORMATION** **Revised 11/06/2020**