

Membership Application

Post Office Box 361443 Birmingham, AL 35236

Date:				
Name:				
Mailing Addı	ress:			
City:		State: _	Zip:	
Home Phone		Cell Pho	one:	
Email Addres	SS:			
_	contact sheet to all Active ase check the appropriate l		re is any information you wish the list.	h
Address	Phone Number	E	Email Address	
Annual Dues:	Single: \$ 20.00	Co	uple: \$ 30.00	
Amount Paid	: \$			
Please mail Check o	r Money Order to the a	above address	or you may use Paypal	

Devoted to the memory and preservation of recorded music