



**CALIFORNIA  
BLUEGRASS  
ASSOCIATION**

**Membership Application**

Name: \_\_\_\_\_

Second Name: \_\_\_\_\_

*(Spouse or 2<sup>nd</sup> Member)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Type of membership: \_\_\_ Single (\$25/yr)    \_\_\_ Family (\$30/yr)

      \_\_\_ # of years        \_\_\_ # of years

Birthdate (If senior citizen) \_\_\_\_\_

Credit Card Infor (if paying by check, attach to form)    Visa    M/C    Discover

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-    Security Code \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Additional Donations (Tax Deductible): \$\_\_\_\_\_ Youth Program \$\_\_\_\_\_ Youth Academy

Scholarship \$\_\_\_\_\_ CBA Music Camp Scholarship \$\_\_\_\_\_ General Fund

Total being paid: \$\_\_\_\_\_

Mail payment and form to:

CBA Membership  
Larry Phegley  
P O Box 1143  
Seaside, CA 93955