



**CALIFORNIA
BLUEGRASS
ASSOCIATION**

Membership Application

Name: _____

Spouse or 2nd Member:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

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

Credit Card Info (if paying by check, attach to form)

_____-_____-_____ 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
3739 Balboa St.
#5090
San Francisco, CA
94121