

**MEMBERSHIP APPLICATION
GALVESTON ISLAND JAZZ AMBASSADORS, INC.**

Name(s) _____

Address _____

City, State, Zip _____

Phone(s) _____

E-mail _____

Enclosed is my payment for:

Jazz Novice for one year

Students (under 21 or student) for one year

Family Membership (2 people) for one year

Jazz Enthusiast for one year

Jazz Patron for one year

Jazz Benefactor for one year

Jazz Legends

All That Jazz (Corporate) for one year

Make checks payable to: Galveston Island Jazz Ambassadors, Inc.

Mail to:

Galveston Island Jazz Ambassadors, Inc.
P.O. Box 25046
Galveston, TX 77555-5046