

THE GREATER OLYMPIA DIXIELAND JAZZ SOCIETY | www.olyjazz.com

MEMBERSHIP ENROLLMENT FORM

Name/s _____

Address _____

Change of Address?

City | State _____

Yes | No

Zip Code + 4 digits _____

E-mail _____

Phone (please include area code) _____

- | <u>Type of Membership</u> | <u>Type of Membership</u> | <u>Amount Enclosed</u> |
|---|--|------------------------|
| <input type="checkbox"/> New Enrollment | <input type="checkbox"/> \$20 Individual (12 month membership) | |
| <input type="checkbox"/> Renewal | <input type="checkbox"/> \$35 Couple (12 month membership) | \$ _____ |
| | <input type="checkbox"/> \$200 Lifetime Individual Membership | |
| | <input type="checkbox"/> \$350 Lifetime Couple Membership | |

Please make your check payable to GODJS
 Mail to Pat Herndon | 1614 Quince Street NE | Olympia, WA 98506-3242
 Please enclose a self-addressed stamped envelope

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For Office Use Only	
Date	\$ Amt
Check #	Cash
Renewal Date	
Packet Card Sent	
Computer Entry	