

2010 CBMA Band / Organization Membership Application

a.) \$25 per member (6 or less)_____ b.) \$150 Fee (7-12 members)_____

Band / Organization Name: _____

Band / Organization Leader Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____ Cell: (_____) _____ - _____

E-mail Address: _____ Website: _____

Amount Paid: \$ _____ Cash Check Credit Card: Visa/MC/Discover Only

Credit Card # _____ Exp. Date: _____ CVN#: _____

Signature: _____

Cammy Awards Inc. P.O. Box 70 Pinebluff, NC 28373-0070
(910) 281-4400 Fax: (910) 281-0127
Website: www.cbmaonline.com E-mail: cbma@nc.rr.com

List All Band / Organization Members and their respective positions below
(Must Be Current Active Members / Staff that performs / works on a regular basis
(For Bands- 1 Sound Tech, 1 Light Tech permitted)