

South Texas Gospel Music Association, Inc Associate Membership - \$15.00 Per Year

Name of Individual : _____
Contact Person: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Phone: _____
E-Mail: _____
Website: _____
Your Birthday: _____
Spouse's Name & Birthday: _____
Anniversary: _____

SIGNATURE: _____ **DATE:** _____

Please fill out and return the above application along with your Associate membership fee of \$15.00 to the address below. If paying by check, please make check out to South Texas Gospel Music Association, Inc. and write for "membership fee" in the check memo space.

Send application and membership fee to:

South Texas Gospel Music Association, Inc.
Post Office Box 39745
San Antonio, Texas 78218-6745
Attention: Secretary