

South Texas Gospel Music Association, Inc

Church Membership

Church Name:	
Contact Person:	
Address:	
City:	
State:	
Zip Code:	
Phone:	
E-Mail:	
Website:	
Pastor's Name:	
Birthday (Spouse's Name & Birthday also):	
Anniversary:	
Music Minister/Director's Name:	
Birthday (Spouse's Name & Birthday also):	
Anniversary:	

As a believer in spreading the gospel through song and testimony and as pastor of the above named church, I agree to membership in the South Texas Gospel Music Association, Inc.

I also agree that to remain an active church member of the South Texas Gospel Music Association, Inc. (STGMA, Inc), this church will host at least 1 music program per year, using music ministries from the STGMA, Inc.

_____ Date: _____
 (Pastor's Signature)

When completed, please mail this application to the following address:

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

***Upon return of this application and becoming a member of STGMA, you will receive a monthly newsletter, a roster of all active performing ministries and a CD of some of our active ministries.

Note: The majority of STGMA, Inc. music ministries come on a Love Offering basis.