



## MEMBERSHIP APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Mobile or Residence Telephone Number \_\_\_\_\_

Membership dues are \$35 a year. Please return this Application and a check for \$35 payable to Burlingame Music Club to:

Burlingame Music Club  
P.O. Box 1115  
Burlingame, CA 94011.

How did you hear about our Club? Advertisement (where?) \_\_\_\_\_

Flyer (where?) \_\_\_\_\_ Social Media \_\_\_\_\_ Website \_\_\_\_\_ Friend \_\_\_\_\_

Club Member (Name) \_\_\_\_\_ Newspaper \_\_\_\_\_ Other \_\_\_\_\_

Thank you for joining us!