

*COASTAL BEND GOSPEL MUSIC ASSOCIATION, INC.*

P.O. Box 148 – Agua Dulce, TX 78330  
(361) 658 – 6469      www.thecbgma.com



**Membership Application – Performing Members**

Please Print in Blue or Black Ink, or Type

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Church where you are an active member:

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Pastor's Phone #: \_\_\_\_\_

**List All Members Birthdays and Anniversaries**

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**Application will be reviewed and voted on by the Board of Directors.**

**Please complete and return with membership fee of \$40  
to the address listed at the top of this form.**

Signature: \_\_\_\_\_

<b>For Office Use Only</b>	
Date Received: _____	
Check # _____	Money Order # _____