

*COASTAL BEND GOSPEL MUSIC ASSOCIATION, INC.*

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

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**Church Membership Application**

**Please Print in Blue or Black Ink, or Type**

**Date:** \_\_\_\_\_ **Member Sponsor:** \_\_\_\_\_

**Name of Church:** \_\_\_\_\_

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

**Music Minister's Name:** \_\_\_\_\_

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

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

**Church Phone #:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Pastor's Phone #:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Music Minister's Phone #:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Pastor's Email Address:** \_\_\_\_\_

**Music Minister's Email Address:** \_\_\_\_\_

**Please complete and return to the address listed at the top of this form.**

**Churches are exempt from the annual membership fee when they agree to host one (1) singing per calendar year, using CGBMA, Inc. members.**

**Pastor's Signature:** \_\_\_\_\_

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