

The Fellowship of American Baptist Musicians

Application for Membership: January 1-December 31, 2010

Type of Membership:

Individual Church Family (Spouse: _____)

Preferred Mailing Address: Residence Church

Name _____	Church _____
Address _____	Address _____
City _____ State ____ Zip _____	City _____ State ____ Zip _____
Email _____	Email _____
Residence Phone (____) _____	Church Phone (____) _____

Send application and check payable to FABM to:

FABM Treasurer
3300 Fairlawn Drive
Columbus, IN 47203

Annual Membership Fees:

Your Check Number _____ Date _____
Regular \$30 Patron \$100
Sustaining \$50 Life \$500

Refund Policy: Membership Fees are non-refundable.

For Office Use-

Paid _____ Received _____ Deposited _____ Computer _____ Library _____ Acknowledged _____