

Kentuckiana Blues Society Membership Form

Name(s): _____

Address: _____

City, State ZIP: _____

Phone (optional): _____

Email(s): _____

If you are interested in volunteer opportunities with the **KBS**, please indicate your areas of interest:

Print and fill out this form; send it with your check or money order to:

Kentuckiana Blues Society, Inc

Attn: Membership Director

PO Box 755

Louisville, KY 40201-0755

Single _____ \$20/year

Double _____ \$25/year (2 people, same address, 2 cards, 1 newsletter).

Band _____ \$30/year (up to 5 cards, 1 newsletter to one address).

Please include band name and all member names.

Business _____ \$150/year (sponsor listing, up to 5 cards, 1 newsletter to one address).

Please include business and all member names.

