



## L.C.G.M.A. Membership Application

\*NAME \_\_\_\_\_

\*ADDRESS \_\_\_\_\_

\*CITY \_\_\_\_\_ \*STATE \_\_\_\_\_ \*ZIP \_\_\_\_\_

\*PHONE \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ (OPTIONAL)

WEBSITE ADDRESS \_\_\_\_\_ (OPTIONAL)

\*COUNTY OF RESIDENCE \_\_\_\_\_

\*Do you sing in a group? ( )yes ( )no If your answer is yes.

NAME OF GROUP \_\_\_\_\_

( )Soloist ( )Duet ( )Trio ( )Quartet ( )Or are you just a Gospel Music Lover?

### \*REFERENCES:

\*Name of Minister/Pastor \_\_\_\_\_ Phone \_\_\_\_\_

\*Name of Supervisor/Co-Worker \_\_\_\_\_ Phone \_\_\_\_\_

\*Name of Close Friend \_\_\_\_\_ Phone \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_

***Mail completed application OR give to head board member for review to the LCGMA address posted on the purpose sheet***

***\* Mandatory information***