



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

*NAME _____

*MAILING ADDRESS _____

*CITY _____ *STATE _____ *ZIP _____

*CONTACT PHONE NUMBER _____

EMAIL ADDRESS _____ (OPTIONAL)

WEBSITE ADDRESS _____ (OPTIONAL)

*Do you sing in a group? ()yes ()no If your answer is yes, please complete the below questions..

NAME OF GROUP _____

LIST ALL THE MEMBERS IN 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 to 3176 N Hwy 1247 Somerset, KY 42503
OR give to a head board member for review. Money is due after approval.**

*** Mandatory information**