



**APPALACHIAN CULTURAL MUSIC
ASSOCIATION**
500 Gate City Highway, Suite 140
Bristol, VA 24201

Membership Application
Date _____

First Name: _____ Last Name: _____

Spouse
Name: _____

Mailing
Address: _____ City: _____

State: _____ Zipcode: _____

Phone: _____

E-Mail: _____

Volunteer for ACMA Committee? YES NO (circle one please)

If you circled yes above, please circle committees you are interested in:

Programming/Publicity Membership Newsletter History

Hospitality Any

Instruments Played: _____

Band Name: _____

May we include your name and contact information when we publish the ACMA
membership directory? YES NO (circle one please)

Individual Membership: \$15.00 annually

Family Membership: \$25.00 annually

Student Membership: \$5.00

Make Checks payable to: **ACMA**