



International Women in Jazz, Inc. Membership Application

Name:		Date:	
Address:		Apt #:	
Country:	City	State:	Zip:
Telephone:	Fax	Mobile:	
Email		Website link:	

Which describes you? Check all that apply: Adult **Youth in Action - up to age 17 (free membership)**

Musician (instrument?) _____

Music industry professional (describe) _____

Jazz enthusiast/other; Profession: _____

Student: School _____

IWJ Mailing List: Your name and website link will appear on our website members' list.

Would you like to share your email address with members? Yes No

Volunteer for IWJ activities : (check all that apply) (Activities/Committees)

Membership Events Budget & Finance Public Relations

Website Newsletter Jam Sessions Fundraising Concerts/Jazz Festivals

How did you find out about IWJ? _____

How do you hope to benefit by joining IWJ? _____

IWJ's events and activities are planned and coordinated by our dedicated members and volunteers. Your skills, experience and enthusiasm are greatly valued. Please let us know what interests, skills and experience you'd like to share to help IWJ further in its mission. We will contact you when meetings for various activities will be held.

Check website for updates and Like Us on facebook for the latest news.

Please submit check/money order /PayPal for \$45 made payable to International Women in Jazz. Mail form to:

: International Women in Jazz
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