



## International Women in Jazz, Inc. Membership Application

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

**Which describes you?** Check all that apply:  **Youth in Action (up to age 17) Free Membership**

Musician (instrument?) \_\_\_\_\_

Music industry professional (describe \_\_\_\_\_)

Jazz enthusiast/other; Profession: \_\_\_\_\_

Student: School \_\_\_\_\_

**IWJ Mailing List:** Would you like your name/address to appear on the IWJ Mailing List?  Yes  No

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

Link your site on our website?  Yes  No

List your music event on website calendar?  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.

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

Please mail completed form to:  
International Women in Jazz  
Park West Station  
P.O. Box 20674  
New York, NY 10025  
**212 560-7553 [www.internationalwomeninjazz.org](http://www.internationalwomeninjazz.org)**