MISSISSIPPI GULF COAST BLUES COMMISSION P.O. BOX 1129 GAUTIER, MS 39553

APPLICATION FOR SUSTAINING/ASSOCIATE MEMBERSHIP

Name:				
Address:				
City:		State:	Zip:	
Home Phone:		Cell:		
Email:				
Employer:				
Employer Address:				
Oity:		State:	Zip:	
Phone:				
How Long on Job: _				
Name of Next of Kin	or Nearest Relative:			
Phone No (Next of h	Kin or Nearest Relative):			
ASSOCI	NING MEMBERSHIP:(ATE MEMBERSHIP:(categories entitles: member's stival, and one invite to an An	ANNUAL MEMBERSHIP F s name will be listed in the	·	
APPLICANT'S SIGNATURE:			DATE:	
Recruited by Blues	Commissioner's Name:			
Make Check Payab	le to: Mississippi Gulf Coast	Blues Commission		
Mail Check to:	neck to: Mississippi Gulf Coast Blues Commission P.O. Box 1129 Gautier, MS 39553			
For additional info	rmation, please contact:			
Mrs. Maggie Richa Mr. Finas Belk: (22 Mr. Jevon Vontour Mrs. Alice Dickey (Ms. Phyllis Owens	e: (228) 365 – 4481 228) 435-3353) 497- 4924		