



Membership Application
www.clevelandblues.org

Name _____

Address _____

City _____

Phone _____ Mobile _____

E-Mail _____

Single \$20

Family \$30

Corporate \$250 _____
NAME OF CORPORATION

Additional Contribution \$ _____

Are you interested in volunteering? Yes, please contact me.

Send completed form along with check or money order payable to:

Cleveland Blues Society
16781 Chagrin Boulevard
PO Box 446
Shaker Heights, OH 44120