

GOSPEL MUSIC WORKSHOP OF AMERICA

Philadelphia Chapter Annual membership application (For use by members only) Please print clearly

name		Date		_
Street Address	City		Zip Code	
Home No	Cell No.		Fax No	_
Email Address (print cl	early)	Bir	Birth Date:	
Church Affiliation				_
Pastor's Name	Church Email			_
Street Address				_
I would like to volunte	er my services in the foll	owing area(s):		
Choir (Soprano)	Choir (Alto)	Choir (Tenor)	Choir (Baritone)	
Musician (Drums)	Musician (Organ)	Musician (Piano)	Musician (Other	_)
Usher	Administrative	Liturgical Dance	Hospitality	
Fundraising	Graphic Design	Praise & Worship	Social Media	
Marketing	Grant Writing	Fundraising	Other (_)
(OFFICIAL USE)				
Membership Date:				
Division:	45 and Older	45 and Under	Alliance of Philadelphia	
Payment Type:	Cash	Check	PayPal Other	
Signature of Chapter R	epresentative	_	Date	_