

**APPLICATION FOR MEMBERSHIP IN KYOVA GMA**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF CONTACT PERSON: \_\_\_\_\_

ARE ALL MEMBERS CHRISTIAN? \_\_\_\_\_

WHERE IS YOUR HOME CHURCH? \_\_\_\_\_

HOW MANY PEOPLE ARE IN YOUR GROUP? \_\_\_\_\_

WHAT INSTRUMENTATION DO YOU USE (CD, MINIDISC, OR LIVE BAND)?

\_\_\_\_\_

IF LIVE, PLEASE LIST TYPE: \_\_\_\_\_

HOW MANY VOCALIST ARE IN YOUR GROUP? \_\_\_\_\_

WEB-SITE ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PLEASE COMPLETE AND RETURN WITH A COPY OF YOUR CD TO:

KYOVA GMA, P.O. BOX 99, HITCHINS, KY 41146

FOR MORE INFORMATION, CONTACT: ARNOLD SEXTON AT 606-836-5582.