## **MEMBERSHIP APPLICATION**

## Midwest Quartet Association

Please fill out this form completely and enclose a check made out to **MWQA** for \$150.00 for current year membership. (This amount will be required annually for group membership.) You will be notified as soon as the Board of Directors acts on your application\*.

Address		
Address	State	7in Code
	Olulo	
Fmail		
Website		
3. Name of each group member, the par	t they sing/play:	
A		
	ATT DEFE	
	LUUAKIEL ASSOCI	
D.		AFTA
4. Please include with this form:		
	ke to join the Midwest Quartet Association.	
	egan and describe the style of music you perfo	orm.
C. A paragraph detailing your group's sta		
D. Your singing schedule for the next thr		
E. An endorsement letter from a membe	r group.	
F. A recording of at least four songs sho	wing at least three part harmony.	
5. Please provide names and phone nu	mbers of three references. (One reference	should be a group member's pastor.)
A	Ph	one
	Ph	
C	Ph	one
6 Does your group have CDs for sale?	How many projects?	
or zood your group mand ozo for outer		-
7. Does each member of your group ac	cept and agree with the MWQA purpose and	d faith statements?
Signature		Date
O.P. Intra		

\*Note: Application for membership does not guarantee acceptance into the MWQA. If your application is not approved, your check for membership will be returned. Groups whose applications are approved by July 31st will be able to sing at the current year's convention. Applicants approved after July 31st will be incorporated into the following year's convention.