

## INSTRUCTIONS

1. Print this form
2. Complete the form indicating number of membership types desired.
3. Include check or credit card information for full amount, plus any separate contribution to the Jazz Education Fund.
4. Mail to:

TJW INC.  
P.O. BOX 452  
TOPEKA, KS 66601

*"Keeping jazz alive and well through a live jazz concert series and a youth jazz scholarship program".*

**2017-2018**

### Membership Form:

return to: TJW, Inc. P.O. Box 452 Topeka Kansas 66601



Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

Membership Level (Specify Number of Each)  Regular Adult  Premium Gold  Premium Platinum  Premium Diamond  Corporate

Payment Information: Amount Enclosed \$ \_\_\_\_\_  Visa  Master Card  Discover  Check

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVC code \_\_\_\_\_

Signature Appearing on Card \_\_\_\_\_

Please provide us with your email address so we can keep in touch. Also, check our website, [www.topekajazz.com](http://www.topekajazz.com), and Like us on FaceBook at [www.facebook.com/topekajazz](http://www.facebook.com/topekajazz) for frequently updated jazz information.