



UNITED ASSOCIATION OF AMERICAN MUSICIANS

MEMBERSHIP APPLICATION

Last Name: _____ First (middle) Name: _____

Address: _____

Mailing Address (if different from above): _____

Day – time Phone #: _____ Evening Phone #: _____

Email address: _____

Select a category to define yourself : Classical _____ Jazz _____ Pop _____

Country _____ Gospel _____ Contemporary _____ Versatile Musician _____

Years of Study in this Area: _____

How do you know about us:

- () From website or through other media
- () Referred by an UAAM member, teacher, friend or others
- () Learned from UAAM productions (competitions, awards..)

Signature: _____ Date: _____

Please mail the complete application with the nonrefundable application fee \$500, Make checks payable to:

United Association of American Musicians

72 North 5th Street, CA 95112