

WIMMN

Membership Form

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone:



Email address:

Type of Member:

Musician Songwriter Agent Music Business

Dues Paid _____ (Membership Dues = \$25.00) Date: _____

I would like a receipt: No Yes

(you can write this off on your taxes)

Please make checks payable to WIMMN and send to: PO Box 7152, St Paul, MN 55107

Thank you for your participation and financial contribution