

Mississippi Delta Blues Society of Indianola

Membership Application

Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Circle Desired Membership: \$15 Individual \$20 Family \$25 Business

Amount Enclosed: _____ (make checks payable to Mississippi Delta Blues Society of Indianola)

Return Completed form to: Mississippi Delta Blues Society of Indianola
Post Office Box 2037
Indianola, Mississippi 38751