

4STATES GOSPEL MUSIC ASSOCIATION  
Supporter membership application

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ (if available)

PHONE \_\_\_\_\_

**Please make \$25.00 check payable to  
FOUR STATES GOSPEL MUSIC ASSOCIATION  
P.O BOX 1127  
TEXARKANA, AR 75504-1127  
903-792-3011**

**VALID 1 YEAR FROM DATE** \_\_\_\_\_

Certain restrictions may apply to be able to hold an office. See Article VIII pg. 4. of by-laws. To be obtained after office receives your application of membership.

Referred by: \_\_\_\_\_

(Four states GMA Member)