**TCBBA MEMBER APPLICATION & WAIVER  
Please fill out all fields**

Name: Date:

Address:

City: State: Zip:

Email: Stage name:

Birthday (Day/Month): Phone #:

**Membership C0st**

Individual $25

Additional Household members $5 x \_\_\_\_ = \_\_\_\_\_\_\_  
Names:

Name(s) of Household members:

Total: \_\_\_\_\_\_\_\_\_

Payment method: Cash Check #\_\_\_\_\_\_\_ Membership #:\_\_\_\_\_\_\_\_\_\_\_\_\_

Memberships run annually beginning in January through December of a single calendar year.

Annual dues are not to be prorated based on Date of application. All members to receive electronic quarterly newsletter, access to private Facebook group, and special discounts on workshops.

**WAIVER**

By applying and participating in TCBBA you acknowledge the use of photography and video at all events and grant permission for your image to be used for promotional and professional purposes. These purposes include, but are not limited to: social media, website, and flyers.