



**Friends of the Festival Card - APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

Yes, I'd like to volunteer for the MJF

**Membership Fees:**

\$25 Individual Adult

\$15 Senior

\$15 Student

Visa: # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

Or make a cheque payable to: Markham Jazz Festival

Please mail your completed application form to:

**Markham Jazz Festival  
4261 A-14 Hwy # 7, Suite 281  
Unionville, ON  
L3R 9W6**

Or email to [membership@markhamjazzfestival.com](mailto:membership@markhamjazzfestival.com)

MJF Phone/fax: 905-471-5299 (jazz)

Website: [www.markhamjazzfestival.com](http://www.markhamjazzfestival.com)

Contact: [contactus@markhamjazzfestival.com](mailto:contactus@markhamjazzfestival.com)

---