

Hiawatha Music Co-op Membership

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE _____

EMAIL ADDRESS _____

AMOUNT OF MEMBERSHIP DONATION (Please see list below) _____

_____ Check enclosed

OR

_____ Please charge my credit or debit card (Circle one)

VISA.....MC.....DISC.....EXPIRATION DATE _____ 3 or 4 digit CVV code _____

CARD NUMBER: _____

(HMC does destroy your number following the completed transaction)

SIGNATURE: _____