



Discovery Coast Music Festival Society  
Membership Application Form

MEMBER INFORMATION

Name \_\_\_\_\_

Business (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Text? Y / N

Email or other contact \_\_\_\_\_

Please read the following options and check appropriate items to indicate agreement.

- I agree to have DISCOVERY COAST MUSIC FESTIVAL SOCIETY information sent to my e-mail address.
  
- I would like to volunteer for committees, fundraisers or special projects.
  
- I would like to volunteer during the BELLA COOLA MUSIC FESTIVAL.

LIFETIME MEMBERSHIP FEE: \$5 - please include with this completed form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you and welcome!

Discovery Coast Music Festival Society  
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bellacoolamusic.org