

**BLUEGRASS MUSIC ASSOCIATION OF MAINE
PLAY IT FORWARD MEMBER SPONSORSHIP PROGRAM FORM**

Thank you for your interest in becoming a Play It Forward Member Sponsor. Please mail this completed form and payment to: BMAM-PIF, P.O. Box 9, Dexter, ME 04930. To submit electronic form and/or payment go to: mainebluegrass.org

SECTION 1: PLAY IT FORWARD SPONSOR CONTACT INFORMATION: Please complete section with YOUR information

Name: _____ Title: _____
 Name of Business (if applicable): _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 E-mail: _____ Phone #: _____

SECTION 2: PLAY IT FORWARD RECIPIENT INFORMATION: Please fill out this section to suggest recipient(s) you wish to sponsor. Each suggested person will receive an invitation to become a member of BMAM. If you do not have a person you wish to sponsor, please go to Section 3.

RECIPIENT ONE:

Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 E-mail: _____ Phone #: _____

RECIPIENT TWO:

Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 E-mail: _____ Phone #: _____

RECIPIENT THREE:

Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 E-mail: _____ Phone #: _____

SECTION 3: ACKNOWLEDGMENTS: If a sponsor does not suggest a recipient or if the recipient does not accept the membership invitation within 30 days, then the funds remain in the Play It Forward Fund for future distribution. See PIF Program Description for details.

Do you give BMAM permission to acknowledge your sponsorship to the PIF Recipient and/or on the organization's website, in print and online publications? (Please check one box)

I agree to be acknowledged
 I wish to remain anonymous

Signed: _____ **Date:** _____

SECTION 4: PAYMENT INFORMATION:

	Quantity	Unit Price	AMOUNT DUE
Play It Forward Sponsor Memberships	_____	\$15.00	\$ _____

PAYMENT OPTIONS:

Check Cash Pay Online: mainebluegrass.org/play-it-forward-online-membership-sponsorship-form/

Checks should be made out to: BMAM-PIF Mail to: P.O. Box 9, Dexter, ME 04930

For more information, please email PlayItForward@mainebluegrass.org or write to BMAM at the address above.

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ADDITIONAL RECIPIENTS

RECIPIENT FOUR:

Name:	_____		
Address:	City:	State:	Zip Code:
_____		_____	
E-mail:	Phone #:		_____
_____		_____	

RECIPIENT FIVE:

Name:	_____		
Address:	City:	State:	Zip Code:
_____		_____	
E-mail:	Phone #:		_____
_____		_____	

RECIPIENT SIX:

Name:	_____		
Address:	City:	State:	Zip Code:
_____		_____	
E-mail:	Phone #:		_____
_____		_____	

RECIPIENT SEVEN:

Name:	_____		
Address:	City:	State:	Zip Code:
_____		_____	
E-mail:	Phone #:		_____
_____		_____	

RECIPIENT EIGHT:

Name:	_____		
Address:	City:	State:	Zip Code:
_____		_____	
E-mail:	Phone #:		_____
_____		_____	