

Missouri Association for Jazz Education

Membership Form

Name _____

School/Business _____

School/Business Address _____

School/Business Telephone _____

Email _____

Home Address _____

Home Telephone _____

Please remit \$20 – checks made payable to MOAJE

mail this form and membership dues to:

*Cathy Coonis
MOAJE Treasurer
P.O. Box 189
Seymour, MO 65746*