 Farmer’s and Crafts Market of Las Cruces, Inc.

Musician Membership Application

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| Name: | Date: |
| Business Name: | Phone: ( ) |
| E-Mail Address: | Date of Birth (If Under 18): |
| Mailing Address (**include city, state, zip**): | |
| Physical Address (**include city, state, zip**):  **No PO Boxes** | |
| Are you a resident of Dona Ana County? | |
| Type of Physical Residence Documentation(*please describe if you check “other”):***No PO Box Addresses**  **driver’s license** **utility bill** **rental lease agreement**  **other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Group Permit? | |
| Names of other members: | |
| Parents Name (If under 18): | Phone Number: |
| Emergency Contact: | Phone Number: |

**What instruments will you be playing?**

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| Will you be using amplification? |
| Required to report BTIN? |