

The Cobbett Association Membership Form

Chamber Music Journal Subscription

Name _____

Street _____

Postal Code, City, Province & Country _____

E-Mail Address _____

Phone Number _____ Instrument _____

Method of Payment—Please Check Appropriate Box(es)

I am paying by check US\$25.00

Note: Your Check Must Be Drawn on a U.S. Bank

Made payable and mailed to:

THE COBBETT ASSOCIATION

601 Timber Trail

Riverwoods, IL 60015 / USA

I am paying by the credit card indicated below & understand I will be charged: \$28.00

Visa

MasterCard

American Express

REMEMBER—YOU CAN PAY ONLINE IF YOU PREFER
VISIT OUR WEBSITE AT: www.cobbettassociation.org

I am making an additional gift in the amount of \$ _____

The above amount is included in my check or Charge this amount also to my card

Credit Card Number _____

Name EXACTLY as it appears on card _____

Date of Expiration _____

Your signature _____

Shipping Address if Different from Above _____