



CALIFORNIA STATE OLD TIME FIDDLERS' ASSOCIATION, DISTRICT #5 MEMBERSHIP ENROLLMENT OR RENEWAL FORM

Name _____

Name of Spouse _____

Name(s) of Children _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ - _____ E-Mail _____

Please Check Type of Membership New Renewal

Initial Membership and Annual Dues

Single + \$2 per spouse/partner or minor member = _____

Total Amount Enclosed _____

As new members of this club we wish it to be known that (I) (we) play the following musical instruments:

Fiddle Guitar Mandolin Banjo Piano Harmonica Other _____

I (we) wish to be contributing members of the club by helping out as needed with the following:

- Setting up and putting away chairs and tables at the monthly jams
- Performing at volunteer and fund raising gigs
- Helping out at the snack-bar during jams
- Helping staff the reception and membership tables during jams
- Participate in public information programs promoting old time fiddle music
- Serving as an officer

As a member of CSOTFA District # 5 I (we) agree to support its By-Laws and Rules as well as its purpose of preserving and perpetuating old-time fiddle music in our community.

Signature _____

Date _____

Signature of Membership Chair _____

Date of Initial Membership _____

To join the CSOTFA District # 5 or renew your membership please complete this form and mail it with your check payable to

**CSOTFA District #5
Brandywine Ct
Carmichael, Ca 95608**

