Application for membership in

CALIFORNIA STATE OLD TIME FIDDLERS ASSOCIATION

District # 2

Mail checks and application to CSOTFA Membership Secretary, District 2,
(address) Steve Emanuels; 1028 Lords Ct., Lemoore, CA 93245

Are you a member of another District? Yes___, No___.
If yes, what District(s)?_____. Home (voting) District:_____.

Annual dues: Adult head of household (HH) $14, Spouse $2, Children $2 each.
Make checks payable to CSOTFA DISTRICT # 2.

I hereby pledge that as a member of the California State Old Time Fiddlers' Association, I agree to abide by, and uphold, the by-laws and rules of the Association and ever remember it's purpose, that is "to preserve and perpetuate authentic old-time fiddling."

Name _____ Signature _____

Spouse's name _____ Anniv _____ Signature _____

Jr Members _____

Phone Number (____)-____-_____ Birthdate(s) _____

Mailing address: _____ City _____ St _____ Zip _____

Area of Interest:

Fiddle___, Guitar___, Mandolin___, Banjo___, Bass___, Piano___, Vocal___, Follower___, Other___

For District Use Only:

Approved by:

_____ _____
Signature, Advisory Council Signature, Advisory Council

_____ Join Date:_____, Dues Start:_____
Signature, Membership Secretary

Notes: _____

Top Copy for State Membership Secretary, Second Copy to District Membership Records. All memberships must be approved at the District level first.

Renewal Month _____ Last Name: _____