

Application for Membership
CALIFORNIA STATE OLD TIME FIDDLERS' ASSOCIATION
DISTRICT 10

Renewal

New Membership



DUES: \$14.00, \$2.00 for each additional family member \$ _____
Total

Make checks payable to: CSOTFA District 10

Mail checks and application to:

CSOTFA
Membership Secretary District 10
PO Box 791
Sonoma, CA 95476

As a member of the California State Old Time Fiddlers' Association, I pledge to abide by and uphold the by-laws and rules of the Association and always remember its purpose, that is "to preserve and perpetuate authentic old-time fiddling."

Name: _____ Signature: _____
(Print)

Phone: _____ Email: _____

Mailing Address: _____

City _____ State _____ Zip _____

Spouse/Partner: _____ Signature: _____
(Print)

Phone: _____ Email: _____

Mailing Address: _____

City _____ State _____ Zip _____

Jr. Members: _____
(Print names)

Areas of Interest:

Fiddle _____ Guitar _____ Mandolin _____ Banjo _____

Bass _____ Piano _____ Vocal _____ Other _____

Approved by: _____ Join Date _____
Membership Secretary Signature

All applications must be approved at the District level first.