

CENTRAL FRASER VALLEY FIDDLERS

Branch #4 Box 2246 Abbotsford BC V2T 4X2

MEMBERSHIP APPLICATION FORM

YEAR: 20_____

NAME: _____

ADDRESS: _____
(INCLUDE CITY
& POSTAL CODE)

PHONE: _____

CELL PHONE: _____

EMAIL: _____

SPOUSE'S NAME: _____
(IF NOT A MEMBER)

PARENT'S NAME: _____
(OF JUNIOR MEMBER)

MEMBERSHIP CATEGORY (TICK THE APPROPRIATE BOX)

- ADULT - \$15 (CFVF/BCOTFA) – **NEW** members receive 1 free CD (FIDDLES & BOWS)
- YOUTH - FREE UNDER 19 NON-VOTING (CFVF/BCOTFA)
- CFVF CD - \$5 FIDDLES & BOWS & TAPPING TOES
- CFVF CD - \$10 MILK COW BLUES & OTHER FAVOURITE TUNES

TOTAL AMOUNT PAID: \$ _____

- I agree to comply with the BCOTFA By-laws*
- As parent/guardian, I agree to take responsibility for the conduct of the youth member*

SIGNATURE :

DATE:
