

CENTRAL FRASER VALLEY FIDDLERS

mail or email completed form to:
31930 Starling Avenue, Mission, BC, V2V 4S6
centralfvfiddlers@gmail.com

MEMBERSHIP APPLICATION FORM

YEAR: 20_____

NAME: _____

ADDRESS: _____
(INCLUDE CITY & POSTAL CODE)

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

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

PARENT'S NAME: _____
(OF JUNIOR MEMBER)

BIRTHDAY (DD/MM): _____

EMERGENCY CONTACT: _____
(NAME / RELATIONSHIP / PHONE NUMBER)

MEMBERSHIP CATEGORY (TICK THE APPROPRIATE BOX)

ADULT - \$15 (CFVF/BCOTFA)

YOUTH - FREE UNDER 19 NON-VOTING (CFVF/BCOTFA)

TOTAL AMOUNT PAID: \$ _____

** payment can be cash, cheque, or etransfer (ettransfer to: centralfvfiddlers@gmail.com) **

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:
