

California State Old Time Fiddlers' Association

(Enrollment or Renewal Form)

Last Name: _____ First _____

Spouse: _____

Children & ages: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

Please check interest

- | | | |
|---------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Fiddle | <input type="checkbox"/> Guitar | <input type="checkbox"/> Listener |
| <input type="checkbox"/> Banjo | <input type="checkbox"/> Mandolin | <input type="checkbox"/> Bass |

Please check type of membership

- | | |
|------------------------------|----------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Renewal |
|------------------------------|----------------------------------|

Annual dues

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Single \$14 | <input type="checkbox"/> Child \$2 x _____ |
| <input type="checkbox"/> Couple \$16 | (Children must register with an adult) |

Total amount enclosed \$ _____

Signature

Date

*To Join CSOTFA District 7 and receive our state newsletter, **The Soundpost**, please return this form with your check to:*

*CSOTFA District 7
% Lee Schweighauser
10836 Calle Verde, Apt 104
La Mesa, CA 91941*