

**TEXAS OLD TIME FIDDLERS
ASSOCIATION**

Membership Application



DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

EMAIL: _____

PHONE: _____ BIRTHDATE: _____
(Year is optional) ____/____/____

| | | |
|--|----------------------------------|--|
| <input type="checkbox"/> New Member | <input type="checkbox"/> Renewal | <input type="checkbox"/> Change of Address |
| \$ _____ Musician \$30/yr. (Contest Fiddler or Accompanist) | | |
| \$ _____ Associate \$30/yr. (Parent, Supporter, Sponsor, Etc.) | | |

MAIL APPLICATION AND CHECK TO:

Texas Old Time Fiddlers Association
c/o Treasurer Jody Elmore
637 Linda Ct.
Joshua, TX 76058

*Or renew online via PayPal at
<https://www.paypal.com/paypalme/totfa1973>*

| TOTFA Use Only: | | |
|-------------------------------|--|---------------------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Check # _____ | <input type="checkbox"/> PayPal |
| \$ _____ | \$ _____ | \$ _____ |

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