

COLORADO OLD TIME FIDDLERS' ASSOCIATION MEMBERSHIP FORM

Colorado Old Time Fiddlers' Association Membership Form

Family Name /Organization _____ # of members _____

Date _____

Names and Instruments played (if any): _____

Address _____ City _____ State _____ Zip _____

Phone Day _____ Phone Alternate _____ Email Address _____

Please mark areas of interest:

Financial Supporter Active Board Member Jam Sessions attend

Contest Volunteer Fiddle Lessons for Family members Fund Raiser - Volunteer
Other Request _____

Membership Preference: Membership dues cover ONE year from the date you join. Your membership number will be the date you join.

Single - \$25 annual membership fee enclosed Family/Organization- \$30 annual membership fee enclosed

Mail to : COTFA 1980 S. Quebec St., Ste. 204, Denver, CO 80231. Most correspondence is done through email and our website. Once you are a member you will be notified by email of all COTFA activities. You may be involved to any extent you wish.

Membership allows you to enter other COTFA sponsored contests at a discounted price. COTFA is a registered 501 (C) 3 non-profit organization.

I _____ as a member of COTFA vow to preserve and perpetuate the art of Old Time Fiddling to the best of my ability.

Signature

President's Signature - Verifies your membership

