

Print Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

e-mail: _____

New Membership _____ Renewal Membership _____

Are you a member of a performing group? () Yes () No

If yes, please give name of group: _____

Are you willing to help at monthly festivals? () Yes () No

Month/Day of Birth: _____ Anniversary Date: _____

Signature: _____ Date: _____

Please remit annual dues of \$25.00/individual (18 yrs. or older) or
\$40.00/couple & families by check or money order only.

Make checks payable to South Florida Bluegrass Association

Please notify us of any address changes. Your membership card can be picked up at the next festival or you can request that it be mailed to your home.

MEMBERSHIP IS APPROVED BY THE BOARD OF DIRECTORS



MEMBERSHIP APPLICATION

Send Check &
Application to:

South Florida Bluegrass Association
20533 Biscayne Blvd. #358
Aventura, FL 33180