



WILD ROSE OLD TYME FIDDLERS ASSOCIATION MEMBERSHIP FORM

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____

Email address: _____

Do you wish to receive correspondence by email when possible? Yes No

Do you wish to receive notifications of other workshops or events being hosted by the Wild Rose Old Tyme Fiddlers Association by email, when possible? Yes No

What instrument or instruments do you play? Are you a singer or dancer? Please indicate below.

Your name and contact information will be included on a membership list which is distributed to board members of the Wild Rose Old Tyme Fiddlers Association. This information is used for things such as mailing newsletters, contacting musicians to see if they would like to entertain for the association, or contacting volunteers for any of the club's activities such as the casino fundraiser and the Grand North American Fiddle Championship.

I, _____ (self, parent or guardian)

hereby consent to the collection and use of the personal information above to be distributed to board members of the Wild Rose Old Tyme Fiddlers Association. **Renewal of my membership each year constitutes permission to use this information until I inform the association, in writing, that I do not wish my personal information distributed as stated above.**

Signature of applicant, parent or guardian:

(parent or guardian if member under the age of 18) _____

Date: _____ (Day / Month / Year)

Please mail your completed membership application form to the address below along with a **\$15.00 membership fee** for each new membership or renewal.

Membership runs from November 1 to October 31 each year.

Cheque can be made payable to Wild Rose Old Tyme Fiddlers Association and mailed to:

Wild Rose Old Tyme Fiddlers Association
#1588, 5328 Calgary Trail, Edmonton, AB T6H 4J8