

SWFBA Membership Application

PLEASE FILL OUT A SEPARATE FORM FOR EACH PERSON JOINING THE SWFBA

Please Check One: New Member ___ Renewal _____

Name: _____ Date: _____

Phone: _____

(Phone number is required for identification in case of duplicate names)

Email Address: _____

(PLEASE PRINT EMAIL ADDRESS CLEARLY IN CAPITAL LETTERS!)

Membership dues are **\$15.00** per year per person. This allows each member to get into 6 shows held in the calendar year for \$5.00 admission per show.

PLEASE DO NOT MAIL THIS FORM IF YOU ARE PLANNING TO ATTEND OUR MONTHLY EVENT!

You can join at the Membership Table at the monthly SWFBA show and receive your membership card there. If you choose to mail in the form, your membership will go into effect and you can pick up your membership card at one of our shows.

Membership cards will not be mailed out.

Cards are issued at the Membership table when the member attends the event.

Mailing Address:

**Southwest Florida Bluegrass Association,
297 Hallcrest Terrace
Port Charlotte, FL 33954**