



MONTANA STATE OLDTIME FIDDLERS ASSOCIATION

Date _____ District No. _____ Year _____

Member _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

\$15 Regular \$25 Family \$10 Associate \$ _____

Additional Donation: \$ _____

Fiddler () Accompanist () _____

DISTRICT SECRETARY

Please mail this form to your district's Secretary/Treasurer.
This information can be found on the "Contact Us" page at www.montanafiddlers.org.