



NASHVILLE OLD-TIME STRING BAND ASSOCIATION **NOTSBA**

Membership Application

Name of Primary Member: _____

Mailing Address: _____

Phone: _____ Email: _____

Additional Names for Family Membership: _____

Would you like someone from our organization to contact you? Yes No thank you

Tell us a little about your musical self: _____

NOTSBA MEMBERSHIP *New* *Prior Member*

Individual Membership | One year, \$10; two years, \$18 \$ _____

Family Membership | One year, \$15; two years, \$25 \$ _____

TOTAL: \$ _____

NOTSBA USE ONLY

Cash *Check #* _____

Amount Received: _____

Date Received: _____

Received By: _____

Notified Membership: _____

Notification Date: _____

To Join By Mail...

Send this completed application -- along with a check or money order payable to NOTSBA -- to:

NOTSBA
ATTN: Membership
P.O. Box 160038
Nashville, TN 37216-0038