**Capital Area Bluegrass & Old-Time Music Association**

**Membership Application/Renewal Form**

|  |  |
| --- | --- |
| Name(s): |            |
| Address: |       |
| City, state, ZIP: |       |
| Phone: | Home |       | Mobile |       |
| Email: |       |

[ ]  Individual ($40/year)
[ ]  Associate (Age 17 or younger, $20/year)
**[ ]** Family ($60/year)

|  |  |
| --- | --- |
| Date: |        |

Print this completed form and bring it along with your check to the next jam or mail both to:

CABOMA
c/o Rebecca Krafft
3804 13th Street South
Arlington, VA 22204

Make out the check to CABOMA. You may also use PayPal.