

New England Music Festival Association Membership Application

Name:

Address:

City / State / Zip:

Home Email:

Cellphone:

Phone:

School (if applicable):

School Address:

City / State / Zip:

School Email:

School Phone:

Fill out, print out, mail with \$40 membership payment to:

WILLIAM SITTARD
PO BOX 755
OAK BLUFFS, MA 02557-0755

Make checks out to NEMFA