

Washington Bluegrass Association

P.O. Box 490

Toledo, WA 98591

WBA Membership Form

1. Date: _____

Primary Member Name: _____

Secondary Member Name (for family membership):

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email _____

2. **Membership Category: (Please check one)**

Single / Annual Membership (\$25.00)

Family Annual Membership (\$40.00)

NEW MEMBERS ONLY – \$45.00 FOR 3 Years

*****MUST SIGN UP AT THE MOUNT SAINT HELENS FESTIVAL*****

I am interested in becoming a WBA volunteer.

Please do not write below this line _____

Check number: _____

Date Membership was received by Treasurer: _____