

**2020 APPLICATION FOR MEMBERSHIP of THE SOUTH SHORE BLUEGRASS MUSIC ASSOC.**

The membership period is from January 1 to December 31 of each year. Membership fees are due by December 31<sup>st</sup> for the upcoming year. Payment of dues within 30 days of due date will reinstate current members. After this 30 day grace period applicants on the current waiting list will be presented to the Board of Directors. Current dues are as follows: \$35.00 per person - \$70.00 per couple, plus \$30.00 camping fee per unit per year. Membership dues and camping fee are non-refundable.

Dues are payable to the following address: **South Shore Bluegrass Music Association, Membership,** P. O. Box 73, Bridgewater, Nova Scotia, B4V 2W6

Name:		Name:	
Mailing Address:		Mailing Address: if different	
City & Province	Postal Code	City & Province: if different	Postal Code
Phone Numbers:		Phone Numbers: if different	
Home: _____		Home: _____	
Cell: _____		Cell: _____	
Email: _____		Email: _____	

**SPONSOR:**

I, (Print Name) \_\_\_\_\_ hereby agree to sponsor the new membership application of the above named person and/or persons to join the SSBMA and further agree to be considered “sponsor” for a period of one year. As a sponsor, I will have the responsibility to give verbal warning to the above member/members not adhering to SSBMA rules and report said warning, in writing, to the Board of Directors.

Sponsor Signature: \_\_\_\_\_

**APPLICANT:** I/We, the undersigned, hereby make application for sponsored membership for a period of one year after which time we will be entitled to be a member in good standing without sponsorship. By signing this application, I/we acknowledge that I/we have received a copy of the current rules of the Association and I/we hereby agree that upon acceptance, I/we will be bound by and will abide by the rules of the association, including any future amendments thereto. I/we realize that I/we will be part of an organization that depends on member volunteers and I/we will do my/our part that I/we are capable of to support this organization.

Signature: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Do you play an Instrument?**

Banjo \_\_\_\_\_ Dobro \_\_\_\_\_ Bass \_\_\_\_\_ Guitar \_\_\_\_\_ Mandolin \_\_\_\_\_ Fiddle \_\_\_\_\_

Other \_\_\_\_\_

**If approved, in what area(s) will you be assisting your club? (please check)**

Park Maintenance _____	Kitchen / Canteen _____	Reggie Auction _____	Sell 50/50 Tickets _____
Hall Set-up _____	Kitchen Clean Up _____	Committee Member _____	Lead a workshop _____
Hall Clean Up _____	Kitchen Prep Work _____	Sound Help _____	Play on Stage _____
Work at Jam / Show _____	Fundraising _____	Jam Team _____	Wherever needed _____

**Why are you interested in joining the SSBMA?**

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**Have you been a member in the past? \_\_\_\_\_ When \_\_\_\_\_**

**Will you be camping? \_\_\_\_\_**

<p><b>Application Received on</b> _____ <b>Approved on</b> _____</p> <p><b>Payment received on</b> _____ <b>Payment received by</b> _____</p> <p><b>Payment made by:</b> Cash    Cheque # _____    Amount \$ _____</p> <p><b>Membership #</b> _____ <b>&amp; #</b> _____</p>
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