

Southwest Celtic Music Association

MEMBERSHIP APPLICATION

For	Office	Use	On]	lу
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Cash or Check #:	
Date:	
Accepted by:	
Data Entry by:	
Expiration Date:	

New Member	Renewal Change of Address			
Name:Address:				
City:	State: Zip:			
_	Cell phone:			
Email Address:				
Membership Type: Annual Family \$25 Annual Friendship \$50	Lifetime Member \$300 Business Member (for details, see scmatx.org)			
Please list family members if applicable:				
Are you interested in getting more involved with the SCMA?				