

Blue Ridge Mountain Dulcimer Players 2020 Membership Form

Please complete the following information. Return the form along with your check for dues (\$5.00 per member) to the address below. Checks are to be made payable to **BRMDP**. You will receive an email verifying receipt of payment. A new membership card will be mailed to you.

Name: _____

Address: _____

City: _____

State: _____ Zip code: _____

Phone or Cell #: _____
(best # for contact)

email address: _____

There has been some interest in creating a group contact list that would be made available to 2020 members by request only. It will not be published on the web page. Please indicate below if you want (or do not want) your name, address, email, and phone number placed on this list.

____ Yes, I give permission for my personal information to be on a group contact list.

____ No, I do not want my personal information on a group contact list.

Return To: Patsy Kislek
BRMDP Treasurer
122 Lofton Road
Raphine, VA 24472

For Treasurer Only
Check # _____ Dated: _____
Amount: \$ _____
eReceipt: _____
2020 Card Mailed: _____