



Card # (will be provided by email) _____

Date ___ / ___ / ___
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Payment:

- eTransfer to info@folkfiddle.ca with particulars Membership and Name; or
- mail a cheque payable to **Saanich Peninsula Folk and Fiddle Festival Society**
1725 Shearwater Terrace, N. Saanich, BC V8L 5L4

Application for Membership

I hereby apply for membership in the **Saanich Peninsula Folk and Fiddle Festival Society** (“The Society”)

Membership Choices

- ___ \$20 for 1 year (expiring June 30, 20___)
- ___ \$100 for a lifetime membership (no expiry date)

Name: _____

Address: _____

City: _____ Province _____ Postal Code _____

email: _____

Phone: _____ Cell: _____

Signature: _____

The information in the Application for Membership will be maintained as required under the Societies Act. It will be used to contact you about your membership in the Society.

- Check here to also be informed of upcoming Society events and activities, as well as opportunities for discounted events for other Arts activities on Vancouver Island (vs Society meetings only). We will NOT share your information with another organization.*