

Washington Area Folk Harp Society Membership Form

All fields required

Name:	
Address:	
City:	
State:	
Zip Code:	
Telephone:	
E-mail:	
Website:	
Enclosed is	\$_____ for ____ membership(s) (\$15 per year)
Donation	\$_____ Thank you!

May we put your name in the directory? Yes No

Your phone number? Yes No

Your address? Yes No

Your e-mail address? Yes No

Check any of the following you would like to be listed as in the directory:

- Professional Harper
- Recordings Available
- Teacher
- Harp Builder
- Commercial Seller: Harps, Accessories, Strings, Books, Computer Notation Programs, etc.

Do you have any suggestions or ideas for the Society? _____

Are there any ways you can help? _____

Profession (Optional): _____

Membership is \$15 a year, renewable each November. For multiple-year membership, indicate number of years for which you are paying.

Please print this form and include it with your check, made out to WAFHS.

Mail membership form and checks to:

WAFHS

c/o B. B. Bradley

602 Burgundy Dr.

Rockville, MD 20850-1428