

# New England Music Festival Association Membership Application

Name:

Address:

City / State / Zip:

Home Email:

Cellphone:

Phone:

School (if applicable):

School Address:

City / State / Zip:

School Email:

School Phone:

Fill out, print out, mail with \$30 membership payment to:

WILLIAM SITTARD  
73 BEAUCHAMP TERRACE  
CHICOPEE, MA 01020

Make checks out to NEMFA