

**MILWAUKEE CROATIAN TAMBURITZANS
BOOSTER MEMBERSHIP FORM**

NAME (s): _____

Email Address(es): _____

Year of Membership: _____

STREET ADDRESS: _____ CITY: _____

STATE/ZIP: _____

HOME PHONE: (____) _____ CELL PHONE(S): (____) _____

TYPE OF MEMBERSHIP DESIRED:

Voting Booster _____ (\$25 per person)

Non-Voting Booster _____ (\$15 per person)

TOTAL DUE:

\$	-
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You can pay online at: <http://www.milwaukeecroatiantamburitzans.org>

Or by check: **Payable to "Milwaukee Croatian Tamburitzans" or "MCT"** and return to our 2nd VP:

Kelly Pelicaric
1979 S. 76th Street. West Allis, WI. 53219

NOTES:

- 1) Membership year is Sept. 1 to Aug. 31 – Dues deadline is Dec. 31
- 2) Booster dues must be paid by Dec. 1 to receive the Christmas Party invitation

Be sure to visit our website for more information and updates!

<http://www.milwaukeecroatiantamburitzans.org>