

**MILWAUKEE CROATIAN TAMBURITZANS
FAMILY MEMBERSHIP FORM**

NAME (s): _____

E-MAIL ADDRESS(ES): _____

Year of Membership: _____

STREET ADDRESS: _____ CITY: _____

STATE/ZIP: _____

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

TYPE OF MEMBERSHIP DESIRED:

Parent Voting _____ (\$50 for entire Family)

TOTAL DUE:

\$ -

You can pay online at: <http://www.milwakeecroatiantamburitzans.org>

Or by check: **Payable to "Milwaukee Croatian Tamburitzans" or "MCT"** and return to our 1st VP:

MCT- PO. BOX. 251 Greendale, WI. 53129

NOTES:

- 1) Membership year is Sept. 1 to Aug. 31 – Dues deadline is Dec. 31
- 2) It is GREATLY appreciated if dues are paid PRIOR to the Christmas Party
- 3) Parents Members – Membership is mandatory

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

<http://www.milwakeecroatiantamburitzans.org>