

MEMBERSHIP APPLICATION

NECMO P 0 Box 236 Pepperell, MA 01463 508-335-7979 necmo@charter.net www.necmo.net

Organization			
Name			Birth Month & Day
Street	City	State _	Zip code
Phone()	Email address _		
Referred by		Website _	
This information will be used solely for the N	New England Country Mu	ısic Organization and its of	ficial purposes.
☐ Individual (\$10)	Please make check paya		ole and mail to:
Family (\$15)		NECMO	
☐ Senior – Age 60+ (\$8)		P. O. Box 236	
☐ Band – (\$30)		Pepperell, MA 01463	
□ New Member □ Renewing Members	ship		
Annual membership is renewable one year from	n the month your members	hip application is received by	NECMO.
I agree to abide by the New England Countr	ry Music Organization ar	ticles and guidelines.	
Signature			Date
Organization	APPLICATION		508-335-7979 necmo@charter.net www.necmo.net Birth Month & Day
			,
StreetPhone()_			
Referred by			
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