



SMTMD DATA UPDATE  
MEMBERSHIP 2017  
& VOLUNTEERISM

PLEASE PRINT VERY CLEARLY TO ENSURE CORRECT DATA ENTRY

Directions: For an individual membership, please provide all Name 1 information. For a household membership (up to 2 adults and any minor children) provide pertinent Name 2 information.

<p>1</p> <hr/> <p>Name: Last _____ First _____</p> <p>Email _____ @ _____</p> <p>Phone _____</p> <p>Address: Street/ P.O. _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p>	<p>2</p> <hr/> <p>Name: Last _____ First _____</p> <p>Email _____ @ _____</p> <p>Phone _____</p>
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TO INCLUDE 2017 PAYMENTS AT THIS TIME: Please enclose a check, payable to SMTMD, and remit with this form. Note: As a 501 (c)(3) organization, any gift donations are considered tax deductible.

\$15.00 Individual Membership	\$	
\$20.00 Household Membership	\$	
Additional Gift Donation	+ \$	_____ = TOTAL _____

TO DONATE YOUR TIME THROUGH VOLUNTEERISM

Assistance level available: frequent \_\_\_ occasional \_\_\_ not at this time \_\_\_

I would like to assist with:

Publicity \_\_\_ Concerts/Sound \_\_\_ Contra Dances \_\_\_ Membership \_\_\_  
 Hospitality \_\_\_ Open Mics/Sound \_\_\_ Web Site \_\_\_ Event Admission \_\_\_

Based on your talents, please add a description of any other assistance you may like to offer.

Please remit your form and payment to~  
 SMTMD, PO Box 403, Leonardtown, MD 20650