

Membership Application

Date: _____

Please print and complete all items.



Capital Swing Dancers

P.O. Box 3333

Citrus Heights, CA 95611-3333

<http://www.capitalswingdancers.org>

membership@capitalswingdancers.org

New members: How did you hear about us? _____

New Renewal \$35.00 **Individual Membership**

New Renewal \$60.00 **Couples Membership**

Name #1: _____ **Name #2:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ - _____

#1 Phones: Primary: (C, H, W?) _____ **Secondary: (C, H, W?)** _____

#2 Phones: Primary: (C, H, W?) _____ **Secondary: (C, H, W?)** _____

Email for #1: _____ **Birthday (month)** _____ **Day** _____

Email for #2: _____ **Birthday (month)** _____ **Day** _____

Please deliver NEWSLETTER & RENEWAL NOTICE via: (default is email)

Note: Joint memberships only may receive one printed newsletter

Name #1 Email only (default)

Name #2 Email only (default)

Print only

Both email and print

I authorize the Club to use my address, phone numbers and email as indicated: (default is Confidential if not checked)

Dancers Directory (For members only: **okay** to list my name, city, email address, and phone numbers)

Confidential (**default**) (Use for official Club business only; do **NOT** list me in the Dancers Directory)

#1: I would like to volunteer! (check items where you will volunteer your time):

Membership Committee

Publicity or Newsletter

Hospitality

Activities Committee

Workshops Committee

Convention Committee

Other

Please list me as an instructor on the website and in the newsletter

#2: I would like to volunteer! (check items where you will volunteer your time):

Membership Committee

Publicity or Newsletter

Hospitality

Activities Committee

Workshops Committee

Convention Committee

Other

Please list me as an instructor on the website and in the newsletter

I hereby certify that I have been notified that Capital Swing Dancers accepts no liability for injury occurring out of or from my participation in any club meeting, dance, or social function. I have been advised to carry my own medical and accident insurance.

Signature #1

Signature #2

Membership Dues (1 year) (Non-refundable, non-transferrable, tax-deductable)

Club Use Only: Primary Member #: _____ **Household Member #** _____ **MS** _____

Date Rcvd: _____ Check Date: _____ Dues: _____ Gift: _____ Check Amt: \$ _____ # _____