

CLEVELAND AKRON SWING AND HUSTLE CLUB

APPLICATION FOR MEMBERSHIP DATE: _____
PLEASE PRINT CLEARLY NEW: _____ RENEW: _____

Name: _____

Spouse: _____

Junior: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: () _____ Cell: () _____

E-mail: _____

Birthday Month (Member): _____ (Spouse): _____ (Junior): _____

Annual Dues: (effective July 1)

Full Member: (\$20) _____ Spouse: (\$15) _____ Junior/Student: (Free) _____

****Junior must be 12 to 18 years old and be accompanied by an adult or guardian ****
****Students must present a current school/college ID card****

****Please make check payable to: CLEVELAND AKRON SWING AND HUSTLE CLUB**
Return in person, or mail to: Doug Sayher c/o Lois Gaskins
4058 Stonehaven Rd. South Euclid, OH 44121

****DO NOT SEND CASH THROUGH THE MAIL****

Totals: \$ _____ CASH _____ CHECK _____ CHECK NUMBER _____

****IN SIGNING THIS FORM, I AGREE TO ABIDE BY THE CLUB RULES, INDEMNIFY AND HOLD THE CLUB HARMLESS FOR INJURY TO ME RESULTING FROM MY PARTICIPATION IN CLUB ACTIVITIES****

MEMBER SIGNATURE: _____

SPOUSE SIGNATURE: _____

JUNIOR SIGNATURE: _____