

CLEVELAND AKRON SWING AND HUSTLE DANCE CLUB

Application for Membership

Please print clearly

DATE: _____

CIRCLE ONE: NEW RENEW

Name: _____ Spouse: _____

Junior: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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 DANCE CLUB

Please return form in person or via e-mail to:

Kyle Simon, CASH Dance Club Treasurer: kylesimon6092@gmail.com

If your e-mail your form, you can pay for your membership at the next dance you attend.

Totals: \$ _____ CASH _____ 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: _____