

CLEVELAND AKRON SWING AND HUSTLE DANCE CLUB

Application for Membership

Please print clearly

DATE: _____

Membership (CIRCLE ONE): NEW RENEWAL Membership Year: _____

Full Member Name: _____

Spouse's Name: _____

Junior Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell: _____

E-mail: _____

Birth Month:

Full 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 checks payable to: CLEVELAND AKRON SWING AND HUSTLE DANCE CLUB

Please return form in person or via e-mail to: cashdanceclub@gmail.com

With subject line, "CASH Club Membership".

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

TOTALS: CASH \$ _____ CHECK # _____

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: _____