

CLEVELAND AKRON SWING AND HUSTLE CLUB

APPLICATION FOR MEMBERSHIP

NEW: RENEW:

****PLEASE PRINT CLEARLY ****

TODAY'S DATE: _____

NAME: _____ B-DAY MNTH _____

SPOUSE: _____ B-DAY MNTH _____

(if applying)

JUNIOR: _____ B-DAY MNTH _____

(if applying)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PH#: _____ CELL #: _____

E-MAIL: _____

Annual Dues (effective July 1)

Full Member: (\$30) _____ Spouse: (\$20) _____ Junior/Student: (Free) _____

**Junior must be age 12 to 17 and must be accompanied by an adult or guardian. **

Present current student ID or driver's license.

Totals: \$ _____ Cash Check Check # _____

(Do not send cash through the mail.)

Please make checks payable to CLEVELAND AKRON SWING AND HUSTLE CLUB.

Return in person, or mail to Doug Sayher, 4058 Stonehaven Rd, South Euclid, OH 44121

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

I have also recently read, understand and agree to the participation waiver signed upon entry to each club sponsored activity.

Member Signature: _____

Spouse Signature: _____

Junior Signature: _____ Guardian: _____