

CDC MEMBERSHIP APPLICATION



MAY 1st 2016 - APRIL 30th, 2017 MEMBERSHIP DUES

Prorated depending on your membership start date. Please check one date only

Individual	Couple	Student (age 16-21)
<input type="checkbox"/> May 2016 - April 2017 \$45	<input type="checkbox"/> May 2016 - April 2017 \$60	<input type="checkbox"/> May 2016 - April 2017 \$25
<input type="checkbox"/> Sept. 2016 - April 2017 \$35	<input type="checkbox"/> Sept. 2016 - April 2017 \$50	<input type="checkbox"/> Nov. 2016 - April 2017 \$20
<input type="checkbox"/> Jan. 2017 - April 2017 \$25	<input type="checkbox"/> Jan. 2017- April 2017 \$40	<input type="checkbox"/> Jan. 2017 - April 2017 \$15
<input type="checkbox"/> I am a new member.	<input type="checkbox"/> I am renewing my membership	

ALL MEMBERSHIP DUES EXPIRE APRIL 30th, 2017 www.MusicAndDance.com

PLEASE PRINT

Member Name _____ Spouse Name _____

Mailing Address _____

City _____ State _____ Zip _____ + _____

Email Address _____

Phone: Cell (_____) _____ W (_____) _____

Occupation _____ Birthday _____ Spouse Birthday _____

I am interested in the following styles of dance and recreational activities:

West Coast Swing East Coast Swing/Lindy Hustle Salsa

Carolina Shag Ballroom Other _____

Backpacking Horseback Riding Canoeing Ice Skating Rafting Sailing

Day Hikes Camping Snow Skiing Other _____

Are you interested in coordinating club activities or have a special skill that would be of assistance to your club? If so, you will be contacted by a Committee member to discuss the requirements and club events/activities needing your support. Thanks! Yes, I am interested.

I fully realize that Carolina Dance Club activities involve a risk of personal injury and property damage, and I hereby agree to assume all risk of any injury, damage or loss of my person or property. I hereby for myself, my heirs, executors and administrators, waive and release any claims or rights against the Carolina Dance Club and all officers, directors and coordinators for any and all injury, damage or loss to my person or property incurred during these activities. I agree to abide by the By laws and Policies of the Carolina Dance Club. MEMBERSHIPS ARE NON-TRANSFERABLE.

Signatures:

Member: X _____ Date: _____ / _____

Spouse: X _____ Date: _____ / _____

Call us at 1-888 -21 -SWING

Mail this form with your check payable to:

Music And Dance Productions

P.O. Box 728 Franklinton, NC 27525

For Office Use: Cash Check # _____ C.C

QKBOOKS DBASE wlb Office staff _____