

MEMBERSHIP FORM

Signature:

Membership Fee: \$20.00	New
Cash:	Renewal
Check #	Membership #:
1 year membership	Expiration Date:
Date:	
NAME:	
PHONE:	
	PHONE #
EMAIL:	
BIRTHDAY: Month	Day
•	ith decorations, membership desk or additional tasks, ny Board member. Thank you!
	and will not be released without permission. ub permission to e-mail newsletter and club updates.
dancing, the undersigned hereby assumes all ri	benefits received, acknowledging that injury may occur while sks and absolves, releases and waives any liability claims ourial Club (M.U.S.I.C.), its officers and Board Members and each out of any act related to an injury.