



ATLANTA SWING DANCERS CLUB 2010 MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY!

Please note: All memberships expire December 31, 2010

New member: \$25 Current member (renewal): \$25 Membership #: _____

Rcvd by: _____ Date: _____ Check #: _____ Check amount: _____ Cash amount: _____

Name: _____ M: F: Birth month: _____ Day: _____

Mailing address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Occupation: _____

Work Phone: _____ (enter only if you can be called at work)

E-mail address: _____

Please select which committee(s) you would like to volunteer for:

Door Membership Social Marketing Dance Director

Please check any of the following you would like to have printed in the Club Directory

Name E-mail Phone number Mailing address

In consideration of the mutual benefits from membership in the Atlanta Swing Dancers Club, Inc., the undersigned does hereby assume all risks and absolves, releases, and waives any and all liability claims or demands against the Atlanta Swing Dancers Club, Inc., its officers, directors, and each and every member thereof, which may arise out of an action that may result in any type of injury.

Signature: _____ **Date:** _____

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Make checks payable to the Atlanta Swing Dancers Club, Inc.
Mail this form and your check to P.O. Box 28058, Atlanta, GA 30358