



ATLANTA SWING DANCERS CLUB MEMBERSHIP APPLICATION

Annual Membership Fee: \$35 New: _____ Renewal: _____

Date of Your Membership (or Today's Date if New): _____

Payment Method: PayPal Cash Check* #: _____

Please print CLEARLY to be added to the Membership Listing, and to receive the ASDC Newsletters

(If you are renewing your membership please update any information that has changed.)

Last Name: _____

First Name: _____

E-mail address: _____

Mailing address: _____

City: _____ State: _____ ZIP Code: _____

Cell Phone: _____ Home Phone: _____

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

M: F: Birth month: _____ Day: _____ (Information for Monthly Birthday Celebrations)

Occupation: _____ (Optional)

Please select the committee(s) you would like to join:

Door Membership Social Marketing Dance

Please select your information you want published in the ASDC Directory:

Name E-mail Phone number Mailing address

The ASDC Waiver: 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, and against Nemoe's Bar and Grill and/or any other premises at which the activities of the Atlanta Swing Dancers Club, Inc., occur.

Signature: _____

Date: _____

Please note: Membership is for one year only.

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