

WHIRLWAYS SQUARE DANCE CLUB
Application for Membership

The Whirlways Square Dance Club invites Plus Level dancers to become members and enjoy:

1. Free admission to our club's anniversary dance.
2. Monthly club emailed newsletter
3. Opportunity to earn points towards Life Membership (see club roster for details)
4. Social activities including game days, potlucks, parties, etc.

In return, the Whirlways requests that all members:

1. Complete one Application Form (per couple) each year and pay annual dues by September 1st each year
2. Provide refreshments
3. Participate in a club committee or serve on the board
4. Maintain proficient Plus Level dancing skills

Type of Membership: (✓) ___ New Member ___ Renewing Member ___ Life Member

For the Club Roster:

Name(s) _____

Address Street: _____

City/State/Zip _____

Email Address(es): _____

Phone(s) Home: (____) _____ His Cell: (____) _____ Her Cell: (____) _____

The club acknowledges our members' birthdays and anniversaries. This information is optional and voluntary.

Month and Day Only: His Birthday _____ Her Birthday _____ Anniversary _____

Dues and Fees:

<u>Description</u>	<u>Amount</u>	<u>Subtotal</u>
* Dues	\$25.00 per person (Full Year)	\$ _____
**PSDA Insurance	\$4.75 per person	\$ _____
Badges	\$6.50 per badge	\$ _____
		\$ _____ Total Due

Make your check payable to Whirlways Square Dance Club

* Children under the age of 18 pay dues of \$1.00, plus \$4.75 for PSDA Insurance yearly.

** **Insurance is required. Pay once for all PSDA clubs**

Name of the club where you have already paid your insurance: _____

*** How would you like your names to appear on your badge?

His: _____ Hers: _____

Each member is encouraged to put their emergency contact and phone number on the back of their badge.

Please mail or give this Application Form, along with your payment, to the Club Treasurer:

Stephen Teplansky
17630 Plaza Arica
San Diego, CA 92198
(858) 774-8291

For Treasurer's use only: Rec'd By _____ Check # _____ Amount \$ _____ Cash Rec'd _____ Date processed ____/____/____

Insurance paid to PSDA _____