

# CDC MEMBERSHIP APPLICATION



## MAY 1st 2007 - APRIL 30th, 2008 MEMBERSHIP DUES

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

<b>Individual</b>	<b>Married Couple</b>	<b>Student (age 16-21)</b>
___ May 07 -April 08 \$35	___ May 07 -April 08 \$45	___ May 07 -April 08 \$20
___ Sept. 07 -April 08 \$30	___ Sept. 07 -April 08 \$40	___ Nov. 07 -April 08 \$15
___ Jan. 08 -April 08 \$20	___ Jan. 08 -April 08 \$30	___ Jan. 08 -April 08 \$10

I am a new member.  I am renewing my membership # \_\_\_\_\_

ALL MEMBERSHIP DUES EXPIRE APRIL 30th, 2008

PLEASE PRINT

Member Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ + \_\_\_\_\_

Email Address \_\_\_\_\_

Phone: H (\_\_\_\_) \_\_\_\_\_ 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:  
Carolina Dance Club  
P.O. Box 58492 Raleigh, NC 27658

For Office Use: Cash \_\_\_ Check # \_\_\_\_\_ C.C. \_\_\_  
QKBOOKS DBASE wlb staff \_\_\_\_\_ Start \_\_\_\_\_ # \_\_\_\_\_