

# SWING 'N' COUNTRY DANCE CLUB

P.O. Box 59508, Schaumburg, IL 60159-0508

[www.swingncountry.net](http://www.swingncountry.net)

## MEMBERSHIP APPLICATION FORM

Note: The membership fiscal year is September 1 to August 31

Please Print Legibly

**MEMBERSHIP FEES** (Please include appropriate payment with membership form):

- \$20.00 per year for Individual (Individual memberships require separate forms each even if individuals are at same address)  
 \$35.00 per year for co-habiting [same address] couple (Both names must be on one form and paid together for discount)

### Member #1

Check One:  New  Renewal

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Member #2

Check One:  New  Renewal

Name: \_\_\_\_\_

*This section is only for the second member of  
co-habiting couple (same address as on left)*

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

*New and Renewing members, please complete all information, sign, and date. The contact information provided on this form is used only in conjunction with your club membership. To receive club e-news such as our "Happenings" email, you must self-subscribe via the link on our web site.*

### **Submission of this form by the party or parties listed above signifies the following statement:**

*"I agree to hold the organizers of Swing 'n' Country events and their agents harmless from all suits, claims, or demands of every kind and character arising out of and in conjunction with these events. I hereby authorize the reproduction, sale, copyright, exhibition, broadcast, and/or distribution of any event videotape or photo without limitations. I understand the physical risks of social dancing and instruction thereof and assume full responsibility for any injury or personal damages resulting from the event named above. I certify that I am 18 years of age or older (applicable to Legal Guardian if under 18 years of age)."*

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

### Association Use Only

Date Paid: \_\_\_\_\_

Received By: \_\_\_\_\_

Cash \_\_\_\_\_ OR Check # \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Membership #(s): \_\_\_\_\_ / \_\_\_\_\_