



SPOKANE SWING DANCE CLUB

New Membership Application

Membership Renewal

NAME _____ **BIRTHDAY (OPTIONAL) MONTH** _____ **DAY** _____

NAME _____ **BIRTHDAY (OPTIONAL) MONTH** _____ **DAY** _____

ADDRESS _____ **APT.** _____

_____ **(Please Include Zip Code)**

PHONE HOME _____ **WORK** _____ **CELL** _____

EMAIL _____ **AMT PAID \$** _____ **CASH** **CHECK**

(Membership dues are \$30.00 per person or \$45.00 per couple)

MEMBERSHIP AGREEMENT

As a condition of membership in the Spokane Swing Dance Club, I agree that my participation in club functions will be respectful of other members and their enjoyment of dance. I understand that undesirable behavior or actions adversely affecting another member's participation in club activities will not be tolerated and, if continued, may be cause for termination of membership.

I agree to hold the Spokane Swing Dance Club, its officers and directors and other representatives, and owners or representatives of dance locations harmless from any liability arising out of Spokane Swing Dance Club functions.

Signature of Applicant _____ **Date** _____

Signature of Applicant _____ **Date** _____