



Membership Application/Renewal Form 2019

Welcome to Times Squares! Please fill out this membership application form, review, and sign your name. Please PRINT clearly. We prefer to err on the side of confidentiality, so only items for which you circle Y will appear in the Membership Directory. Items left blank will default to the value from the previous Directory.

This year, the dues schedule is as follows:

\$60 for full payment until January 5, 2019 (Annual Meeting) and \$65 thereafter.

Along with my dues, I am donating an additional: \$200 \$100 \$50 \$20 Other \$_____

Please make checks payable to "TIMES SQUARES SQUARE DANCE CLUB INC" and **mail the check and this membership form Times Squares Square Dance Club Inc. PO Box 1229 Ansonia Station, New York, New York 10023**. You may also bring the check and this form to the annual meeting. Members who return their forms after February 1, 2019 may not be listed in the Membership Directory.

(Check ONE) ALL NEW information ONLY changes from last year NO changes (Just print your name *clearly*)

Print in Directory?					
Y or N	Name:	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Nickname</i>
Y or N	Address:				
	City			State:	ZIP:
Y or N	Home Phone:	<i>Sample Directory Listing</i> (your entry will include only information for which you circle Y) First M. (Nickname) Last <i>Occupation</i> 123 Main Street City, ST 12345-6789 800.555.1234 (h) 888.555.1235 © 900.555.1236 (w) online@somewhere.com www.homepage.com Year Joined: 1985 Birthday: mm/dd Role Danced: B/G Highest Program: MS <i>Service to Square Dancing</i>			
Y or N	Cell Phone:				
Y or N	Work Phone:				
Y or N	E-Mail:				
Y or N	Web Site:				
Y or N	Birthday:				
Y or N	Occupation:				
Emergency Contact:					
Emergency Phone:					

Club History

Year Joined:	(2018 for new members and new graduates of the 2018 CTO classes)
Highest Program Danced:	<input type="checkbox"/> Mainstream <input type="checkbox"/> Plus <input type="checkbox"/> Advanced ____ (Specify level) <input type="checkbox"/> Challenge ____ (Specify level)
Role Danced:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Both
Service:	(Please list only those activities that do not already appear in the directory; include years)

I accept responsibility for abiding by the rules of the Times Squares Square Dance Club and for paying the scheduled fees for events I attend. I understand that the Times Squares Square Dance Club retains the right to deny admission to any person.

I DO NOT authorize Times Squares to use my image on their Web site; exceptions/clarification may be provided on back.

Signature: _____ Date: _____

For office use: Ck # _____ Rec'd by: _____ Date: _____ Input: _____