



Membership Information Form

Please provide as much information as you are comfortable.
 Only items marked as NOT "OK" to publish will be excluded from the Club Directory.
 All information is confidential and for official club business only!

Current Information	Corrections / Modifications	OK to Publish?
Name:		<input type="checkbox"/> OK <input type="checkbox"/> NO
Address:		<input type="checkbox"/> OK <input type="checkbox"/> NO
City/State/Zip:		<input type="checkbox"/> OK <input type="checkbox"/> NO
Home Phone:		<input type="checkbox"/> OK <input type="checkbox"/> NO
Work Phone:		<input type="checkbox"/> OK <input type="checkbox"/> NO
FAX Phone:		<input type="checkbox"/> OK <input type="checkbox"/> NO
Cell Phone:		<input type="checkbox"/> OK <input type="checkbox"/> NO
Pager:		<input type="checkbox"/> OK <input type="checkbox"/> NO
E-Mail:		<input type="checkbox"/> OK <input type="checkbox"/> NO
Birthdate:	<i>(Month & Day, Year Optional)</i>	<input type="checkbox"/> OK <input type="checkbox"/> NO
Level:	Mainstream Plus A1 A2 C1 C2 C3a C3b C4	
Position:	Lead Follow Both	
Year First Joined & Class Color:		<i>Please circle the appropriate level & position</i>

Permissions: We want to be sensitive to the needs of our members and their need for discretion. Please let us know if you would like your name EXCLUDED from any of the following:

Annual Membership Fee of \$35.00 must accompany this form.

Please EXCLUDE me from the following:

- | | |
|---|--|
| <input type="checkbox"/> Phone Tree | <input type="checkbox"/> Use of Name in Newsletter |
| <input type="checkbox"/> U.S. Mail including Newsletter | <input type="checkbox"/> Club E-mail Distribution List |
| <input type="checkbox"/> Use of Picture on Web Page | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Use of Picture in Newsletter | _____ |

Annual Membership Fee: \$ _____

I would like to donate the following amount to assist with the club's financial well being: \$ _____

AMOUNT ENCLOSED: \$ _____

Please submit completed form with annual fee to one of the club officers: President, Treasurer or Secretary. Or, mail to: Diablo Dancers, P.O. Box 4423, Walnut Creek, CA 94596-0423.

Please make checks payable to: Diablo Dancers.

Membership Dues must be paid in full to participate in Board elections and/or be nominated for the Board.

Annual renewals are during February / March.

Membership fees are non-refundable and will not be pro-rated.

In applying for club membership, renewal or class registration with Diablo Dancers, I will not hold Diablo Dancers or its officers and/or members responsible for any personal injury or property damage/loss arising from participation in club sponsored activities.

Signature: _____ Date: _____

For Internal Use Only:

Paid By: Cash Check Check Number: _____

Amount Received: _____ Date: ____/____/____

Received By: _____