

Capital City Swing Dancer's Association (CCSDA)

Membership Application *(Please print and complete all items.)*

Membership Dues (1 year: July 1st – June 30th): *(non-refundable, non-transferable, tax-deductible)*

- Individual \$ 40.00 (if paid by July 1st)
\$ 45.00 (if paid after July 1st)

Benefits of Membership: Reduced admission to Association sponsored dances, access to the CCSDA Yahoo! E-mail Group on the internet, quarterly newsletter, reduced entry ticket to the CCSDA annual dance competition and eligibility to serve as CCSDA President or on the Board of Directors.

How did you hear about us? _____

Name: _____

Address _____

Phone: Day _____ Evening _____

E-mail _____ **Birthdate (Month)** _____ **(Day)** _____

VOLUNTEER INFORMATION (check all that apply)

- Serve on an Association committee(s)
- Contribute an article, cartoon or photo to the newsletter
- Photography and/or Video
- Fundraising
- Work at Registration Table during different CCSDA events
- Work a half-hour shift at an Association sponsored event
- Cooking
- Sales (i.e. T-shirt sale during a CCSDA event)
- Computer skills (i.e. data entry, web page design)
- Other (list)

You are invited to make an additional tax-deductible contribution to support CCSDA. \$ _____

WAIVER

I know that dancing and volunteering to work at Association functions are potentially hazardous activities. I should not enter and participate in Association activities unless I am medically able and properly trained. I agree to abide by any decision of an Association official relative to my ability to safely participate in an Association activity. I assume all risks associated with dancing and volunteering to work at any Association functions including, but not limited to, falls, contact with other participants, the conditions of the facility at which functions are held, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for membership, I, for myself and anyone entitled to act on my behalf, waive and release the Capital City Swing Dancer's Association and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these Association activities even though that liability may arise out of negligence or carelessness on the part of the person(s) named in the waiver.

Signature: _____ **Date:** _____

Please make your check payable to **CCSDA**

Mail completed Form along with the appropriate payment to:

CCSDA, P.O. Box 77123, Baton Rouge, LA 70879 OR bring to the CCSDA Membership Drive Dance.

Club Use:

Date Rcvd _____ Dues _____ Gift _____ (Cash / Check) Check # _____

Association Official: _____