



MEMBERSHIP FORM

DON'T STOP!
★ **DON'T** ★
SLOW DOWN!

PLEASE UPDATE YOUR INFORMATION

DON'T PUBLISH?

Name:		<input type="checkbox"/>
Address:		<input type="checkbox"/>
Phone:		<input type="checkbox"/>
Email:		<input type="checkbox"/>
Birthday:		<input type="checkbox"/>
Level:	ND BM P A1 A2 C1 C2 C3A C3B C4	<input type="checkbox"/>

PAYMENT OPTIONS:

Membership Dues (\$40.00)	\$ 40.00
Donation	\$ _____
Total Enclosed:	\$ _____

PLEASE MAKE CHECKS
PAYABLE TO:

WESTERN STAR DANCERS

AND MAIL TO:

WESTERN STAR DANCERS

**584 Castro Street #480
San Francisco, CA**

94114

Signature

Date

FOR ADMINISTRATION USE ONLY:

CHECK # _____ AMOUNT: _____ DATE: _____

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WESTERNSTARDANCERS.ORG