

# Lone Star Lambdas Square Dance Club Membership Application

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PREFERRED AREA CODE & PHONE \_\_\_\_\_

MONTH & DAY OF BIRTH \_\_\_\_\_

## (Check all that apply.) ABOUT MY PERSONAL INFORMATION

OK to publish my name, address, phone, & e-mail in any club publication or online.

Do NOT publish my personal information. (**Note:** Personal information is available to the club's elected officers.)

OK to publish my photograph in any publication or online.

Do NOT publish my photograph.

## ABOUT MY SQUARE DANCE EXPERIENCE

Are you an experienced square dancer?  If so, circle the level at which you dance. MS PL ADV CH

Do you prefer to dance ... Beau (Left)  Belle (Right)  I can dance either side at my level

What else would you like to tell us about your square dance experience (use the back)?

**By submitting this application, I confirm that I am at least 18 years of age.  
(Under age 18 requires an adult co-signer.)**

**Applicant Sign & Date** \_\_\_\_\_

**(Co-signer Sign & Date)** \_\_\_\_\_

We urge you to read our bylaws and other club information, available on our Web site: [LoneStarLambdas.org](http://LoneStarLambdas.org). Please

bring this completed form to any Lone Star Lambdas club function, or mail it to:

**Lone Star Lambdas  
PO Box 9022  
Austin, TX 78766-9022**

Thank you for your interest in the Lone Star Lambdas!