

# 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Do NOT publish my personal information.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Do NOT publish my photograph.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.

Thank you for your interest in the Lone Star Lambdas!