



Foggy City Dancers 2018 Membership

Please Update Your Information Below:										Don't Publish?	
Name										<input type="checkbox"/>	
Address										<input type="checkbox"/>	
Phone										<input type="checkbox"/>	
Email										<input type="checkbox"/>	
Badge Name						Donor Name					
Dance Level	ND	BM	P	A1	A2	C1	C2	C3A	C3B	C4	<input type="checkbox"/>
Position	Lead		Follow		Both						<input type="checkbox"/>

Please exclude me from any of the following marked items:

- | | |
|---|--|
| <input type="checkbox"/> Name or Photo on Website
<input type="checkbox"/> Club Email Distribution Lists | <input type="checkbox"/> US Mail including Newsletters
<input type="checkbox"/> Name or Photo in Newsletter and Club Roster |
|---|--|

Please make checks payable to "Foggy City Dancers"

Member	Membership, SD Insurance, tax exempt letter on request and Club voting.	\$50
Hero	<u>Above</u> and new FCD name badge if needed and Donor Name on FCD's Online Wall-of-Gratitude	\$65
Superhero	<u>Above</u> and free weekend dances and photo on Wall-of-Gratitude	\$80
Donation	FCD is a 501(c)3 Organization	
Total Enclosed		

I would like to help with:

- Board Membership
- Recruiting
- Public Relations
- Website
- Advertising
- Instruction
- Events
- Finance
- Other: _____

In applying for club membership, renewal, or class registration with Foggy City Dancers, I will not hold Foggy City Dancers or its officers and/or members responsible for any personal injury or property damage/loss arising from participation in club sponsored activities. Your signature below enrolls you in the United Square Dancers of America Insurance Program.

Signature:

Date:

For Administrative Use Only

Check #:	Amount:	Date:
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