



Membership Renewal Form

	Current Date	Corrections/Updates	Publish	
			Yes	No
Name:			<input type="checkbox"/>	<input type="checkbox"/>
Address:			<input type="checkbox"/>	<input type="checkbox"/>
Home Phone:			<input type="checkbox"/>	<input type="checkbox"/>
Work Phone:			<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth:			<input type="checkbox"/>	<input type="checkbox"/>
E-Mail:			<input type="checkbox"/>	<input type="checkbox"/>
Dance Level:			<input type="checkbox"/>	<input type="checkbox"/>

Checks should be made payable to FCD and returned to:	
Foggy City Dancers PO Box 14324 San Francisco, CA 94114	<div style="text-align: right;">1 Year Membership \$25: _____</div> <div style="text-align: right;">Additional Donation (\$25, \$50, \$100 or other): _____</div> <div style="text-align: right;">Total: _____</div>

Comments/Suggestions

Signature

Date

For Accounting Use Only		
Check #	Date:	Amount: