

EL PASO Line Dance Association
Membership Application Form

Annual or Partial Annual Dues: \$ _____

Paid by cash: () Paid by check: () Check No. _____

Prospective Members Information

Name: _____

Address: _____

Phone: _____

Cell No.: _____

Fax No.: _____

E-Mail: _____

Waiver of Liability: I, the undersigned, while participating in the dance events conducted and/or directed by The El Paso Line Dance Association, agree not to hold its Executives, event helpers and/or dance instructors responsible for any personal loss, injury, or damage suffered by me while freely participating in said dance event(s).

Signature: _____ Date: _____

Signature of immediate family member if applicable:

_____ Date: _____

() Yes,... I would like to do voluntary work for the association.

() No,... I do not have time to do voluntary work for the Association.

(Optional) I am proficient and skilled in: _____