

# **B.L.S.D.C. MEMBERSHIP APPLICATION**

(Biggest Little Swing Dance Club – Since 1994)

P.O. Box 10541 Reno, NV 89510-0541

**Type of Application:**    \_\_\_ Renewal    \_\_\_ New    \_\_\_ Life

**Type of Membership:**    \_\_\_ Individual (\$30/yr.)    \_\_\_ Family/Couple (\$50/yr.)

**Payment Method:**    \_\_\_ CASH    \_\_\_ CHECK

**Please complete the member information below: (PLEASE PRINT)**

***First Person:*** \_\_\_\_\_ Birthday Mo/Day \_\_\_\_ / \_\_\_\_

E-Mail: \_\_\_\_\_ Contact Phone# (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_

***Second Person:*** \_\_\_\_\_ Birthday Mo/Day \_\_\_\_ / \_\_\_\_

E-Mail: \_\_\_\_\_ Contact Phone# (\_\_\_\_) \_\_\_\_\_

**Would you like to Volunteer for any of the following?**

\_\_\_\_\_ Hospitality

\_\_\_\_\_ Monthly Dances (Set-up/Clean-up)

\_\_\_\_\_ Special Activities

**Disclaimers and Waivers:**

*"I have been notified that neither BLSDC (nor its Board of Directors) or Sports West accepts no liability for injury occurring from my participation in any club activity including dances, lessons or workshops, or social functions. I have been advised to carry my own medical and accident insurance. Also, that all information on this form is for Club use only and will not be distributed."*

**Please Sign and Date the Application:**

***First Person*** \_\_\_\_\_ Date \_\_\_\_\_

***Second Person*** \_\_\_\_\_ Date \_\_\_\_\_

***Please mail your application to: BLSDC, PO Box 10541, Reno, NV 89510-0541***

***Or bring it with you to the next dance! See you there!***