

BALLROOM, LATIN & SWING SOCIAL DANCE ASSOCIATION

P.O. Box 21083, Little Rock, Arkansas 72221

ANNUAL MEMBER DUES	Non Charter Members	Charter Members
Individual:	\$30	\$24
Two people residing at the same address:	\$50	\$40

1 st Applicant (Check One)		2 nd Applicant (Check One)	
New Membership <input type="checkbox"/>	Renewal <input type="checkbox"/>	New Membership <input type="checkbox"/>	Renewal <input type="checkbox"/>

New Applicants: Complete sections A, B, C and D.

Renewing Members: Complete sections A and D. Use sections B and C to provide updates if needed.

Section A:

1 st Applicant's Name (Print):			2 nd Applicant's Name (Print):		
Do you want to participate in BLS committees and/or events?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you want to participate in BLS committees and/or events?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Section B:

Street:	City:	State:	Zip Code:
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Section C:

Check the private box if you do not want the information to be published in the member directory.			
1 st Applicant - Contact Information	Private?	2 nd Applicant - Contact Information	Private?
Home Phone:	<input type="checkbox"/>	Home Phone:	<input type="checkbox"/>
Work Phone:	<input type="checkbox"/>	Work Phone:	<input type="checkbox"/>
Mobile Phone:	<input type="checkbox"/>	Mobile Phone:	<input type="checkbox"/>
Email Address 1:	<input type="checkbox"/>	Email Address 1:	<input type="checkbox"/>
Email Address 2:	<input type="checkbox"/>	Email Address 2:	<input type="checkbox"/>
Occupation / Profession (Optional):	<input type="checkbox"/>	Occupation / Profession (Optional):	<input type="checkbox"/>
Birthday: Over 18? (If No, attach waiver): m m d d Yes No <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Birthday: Over 18? (If No, attach waiver): m m d d Yes No <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Wedding Anniversary: m m d d <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	Newsletter Preference: Electronic Paper <input type="checkbox"/> <input type="checkbox"/>	Wedding Anniversary: m m d d <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	Newsletter Preference: Electronic Paper <input type="checkbox"/> <input type="checkbox"/>

Section D:

1 st Applicant's Signature:	2 nd Applicant's Signature:
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By my/our signature(s) above, I/we hereby release the Ballroom, Latin Swing Social Dance Association and its individual board members from liability in connection with my/our participation in BLS.

Section E (FOR BLS USE ONLY):

Date Received:	Amount:	Payment Type: Cash [] Check []	Initials:	Date Processed:
Comments:				