



2018 - 2019 Membership Registration Form

Membership is good through August, 2019

Name(s): _____ Phone: _____

Street: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Partner Information (If different than above):

Name: _____ Phone: _____

Street: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Pro-rated Dues Enclosed: January, \$95 x _____ people = \$ _____ February, \$85 x _____ people = \$ _____

Cost Per Person

March, \$75 x _____ people = \$ _____ April, \$65 x _____ people = \$ _____

Additional Contribution to the Ballroom Dance Club \$ _____

Make checks payable to: The Ballroom Dance Club

Bring to the Next Ballroom Dance or Mail to: The Ballroom Dance Club, 6601 W 57th St, Sioux Falls SD 57106