

DANCING WITH MERI SQUARES REGISTRATION FORM

SESSION:

September to December 2017



NAME: (please print) _____

NAME: (please print) _____

Returning members: has your address changed? Yes _____ No _____

ADDRESS:

Street _____

City _____

Postal Code _____

Telephone Number _____

Email Address _____

Emergency Contact

Name: _____

Telephone Number _____

Do you wish your
phone number to be in the Club Directory Yes ___ No ___

e-mail included in the Club Directory Yes ___ No ___

Dance Level: Basic _____ Mainstream _____ Plus _____

Fees:

\$70.00 membership fee x _____ _____

\$6.00 EOSARDA annual membership dues x _____ _____

\$10.00 Square Time Magazine _____

Total _____

Cheque payable to Meri Squares _____

Cash _____

Signed: _____

Date: _____

Received by: _____

Date: _____

How many years have you been square dancing _____