

Lone Star Lambdas Square Dance Club Membership Application

NAME _____

MAILING ADDRESS _____

CITY STATE ZIP _____

E-MAIL ADDRESS _____

PREFERRED AREA CODE & PHONE _____

MONTH & DAY OF BIRTH _____

(Check all that apply.) ABOUT MY PERSONAL INFORMATION

OK to publish my name, address, phone, & e-mail in any club publication or online.

Do NOT publish my personal information. (**Note:** Personal information is available to the club's elected officers.)

OK to publish my photograph in any publication or online.

Do NOT publish my photograph.

ABOUT MY SQUARE DANCE EXPERIENCE

Are you an experienced square dancer? If so, circle the level at which you dance. MS PL ADV CH

Do you prefer to dance ... Beau Belle I can dance either side at my level

What else would you like to tell us about your square dance experience?

**By submitting this application, I confirm that I am at least 18 years of age.
(Under age 18 requires an adult co-signer.)**

Applicant Sign & Date _____

(Co-signer Sign & Date) _____

We urge you to read our bylaws and other club information, available on our Web site: **LoneStarLambdas.org**.

Please bring this completed form to any Lone Star Lambdas club function, or mail it to:

**Lone Star Lambdas
5903 Spartan Cove
Austin TX 78759**

Thank you for your interest in the Lone Star Lambdas!