

SANTA CRUZ SWING CLUB

MEMBERSHIP RENEWAL FORM

Annual Membership Dues – Regular: \$25, Student: \$15

Please complete this form and mail check payable to Santa Cruz Swing Club to:
Santa Cruz Swing Club, P. O. Box 983, Capitola, CA 95010-0983

Please Print Clearly

Check One: New Membership New Student Membership Renewal

Name: _____

Address: _____

city

state

zip code

Phone #: Home () _____ Work () _____

E-Mail: _____

Would you like to volunteer at club events? Yes No

Please indicate how we may use your address and phone # (check one):

Confidential (use only for official Club Business; do not list me in the Club Directory)

Club Directory only (available only to members; list my name, city, home phone & e-mail)

Signature: _____

By signing above, I authorize Santa Cruz Swing Club to use my address & phone # as indicated