



MEMBERSHIP APPLICATION

Personal Information

Your Name _____

Address _____

City _____ State _____

Zip _____

Phone(s)

home _____

cell _____

work _____

Email _____

Occupation _____

Referred By _____

Birthdate (Month/Day) ____ / ____

Interests, Hobbies, Special Skills:

Please fill out the following information below, and make your **check payable to ADC**. Mail with your completed application to:

ADC Membership
 P.O. Box 50355
 Albuquerque, NM 87181-0355

Official Use Only:

Date Entered: _____

Member Number: _____

Check Number: _____

If this is a "couples" application, please print a second form and fill in the appropriate personal information: eg., Name, Birth Date, Email and Phone if applicable, as well as personal interests and areas where second person could volunteer.

Membership Type

Circle **one** of the membership types below.

New Member(s): **Individual (\$24)** **Couple (\$40)***

Annual Renewal(s)**: **Individual (\$18)** **Couple (\$32)***

*To receive "couple/same household" rate (one quarterly newsletter), both requesters must reside at the same mailing address.

**For pro-rated "first-year" renewal rates, see p. 2 in the ADC newsletter.

Membership Card Replacement

Lost your membership card? **Circle below** to indicate that you need a new one here.

Membership Card Replacement (\$5)

Volunteer Interests

We appreciate club members volunteering to help us with club functions and events a little each year. Please **circle** at least **one area** you could help in during the coming year.

Board Position

Call Committee

Copy Editing

Door/Check In

Mailings

Newsletter Layout

DJ, MC, Teaching

Club Reporter/Writer

Computer/Website

Photography/Video

Setup/Decorating

Hospitality/Refreshments

Cleanup/Vacuum

Dance Greeter

Plan Parties/Trips

Wherever Needed!

Required: By signing this form, I (we) release the ADC, its board members, volunteers from all claims, demands, suits, causes of action or judgments which the undersigned ever had, now have, or may have in the future for all injuries, known or unknown, or property damages at any ADC-related activity.

_____ Date _____