



BUCKS & DOES SINGLES  
 P. O. BOX 332  
 COLUMBUS, OH 43216-0332



MEMBERSHIP APPLICATION FORM

Please print all information as requested. Please do not leave any blanks. Give form & dues to the Treasurer or mail it to the above address. Please date and sign your name in the space provided following the declaration statement.

NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
 (Last) (First) (M. I.) (Mo/Day)

ADDRESS: \_\_\_\_\_  
 (Street) (Apt)  
 \_\_\_\_\_  
 (City) (State) (Zip Code) (County)

PHONE: (\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 (Home) (Cell)

(Phone/E-Mail will be listed in the roster as shown. Only note the numbers/information you want in the roster.)

You may be photographed for print, videotaped, or electronically imaged. Images may be used in promotional materials, news releases, and other published formats for Bucks and Does Singles. The images will be the sole property of Bucks and Does Singles.

MARITAL STATUS: \_\_\_\_\_ Single (Never married, divorced or widowed) \_\_\_\_\_ Separated \_\_\_\_\_ Married  
 (Check one)

I declare that the marital status I have checked above is accurate.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING:

I received Western Square Dance instructions from:

Caller's Name & Club: \_\_\_\_\_

My dance level is Mainstream \_\_\_\_\_ Plus \_\_\_\_\_ Advanced \_\_\_\_\_ Challenge \_\_\_\_\_

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 Dues: \$ \_\_\_\_\_ For period from \_\_\_\_\_ to \_\_\_\_\_

Badge: \$ \_\_\_\_\_ Name Bar: \$ \_\_\_\_\_ Total: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash Rec: \$ \_\_\_\_\_

Print name as you would like it on Name Bar: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE.

President: \_\_\_\_\_ Pres.-Elect: \_\_\_\_\_ Past Pres: \_\_\_\_\_

Treasurer: \_\_\_\_\_ Treas.-Elect: \_\_\_\_\_ Secretary: \_\_\_\_\_

Sec.-Elect: \_\_\_\_\_ Council Rep: \_\_\_\_\_ Coun. Rep-Elect: \_\_\_\_\_