



## ***Member Application Member Renewal***

Name: \_\_\_\_\_ (required)

E-Mail: \_\_\_\_\_ (required)

Primary Phone: \_\_\_\_\_ (required)

I am interested in helping with event check-in, set-up, and/or tear-down.

Please include my name and e-mail address in the club directory.

Required Waiver: I hereby certify that I have been notified that the Madison West Coast Swing Club, its board members and instructors accept no responsibility for injury occurring out of or from my participation in or travel to any club meeting, class, dance, or function. The Madison West Coast Swing Club has advised me to carry my own Medical and accident insurance.

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

If returned by mail, send it to:

**MWCSC**

**Box 628301**

**Middleton, WI 53562**

For Club use only: Amt. Pd. \_\_\_\_\_ Bal. Due \_\_\_\_\_