



Society Membership Application

Annual Membership Fee - \$5

Year:

With this application anyone of **the age 18 & over** has the privilege to vote within **Polonez Dance Society**. *At least enrolled one member per family , please.

Name: _____
(Please Print Clearly) *Last* *First*

Date : _____

Address: _____ City: _____ Postal Code: _____

Contact Phone Number : _____ E-mail : _____

Signature: _____