



## MEMBERSHIP FORM

The Chicago Rebels Swing Dance Club is a social dance organization whose members share a passion for swing dancing, with an emphasis on West Coast Swing.

### PLEASE PRINT

Date: \_\_\_\_\_

Name (1): \_\_\_\_\_ Name (2): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Birthdate (1): \_\_\_\_\_ Birthdate (2): \_\_\_\_\_

Email (1): \_\_\_\_\_ Email (2): \_\_\_\_\_

Membership # (if renewal) (1): \_\_\_\_\_ (2) \_\_\_\_\_

If new member, who referred you? \_\_\_\_\_ New Member #: \_\_\_\_\_

Check #: \_\_\_\_\_ Check amount: \_\_\_\_\_

Annual membership dues: **\$20.00 (individual); \$35.00 (couple; must live at same residence).**  
Membership expires 1 year from date of renewal. Make check payable to: Chicago Rebels Swing Dance Club. Mail to: N. Tuzzolino, 3950 N. Lake Shore Dr, #1026E, Chicago, IL, 60613.

### WAIVER (Please sign)

In consideration of the mutual benefits derived from membership in the Chicago Rebels Swing Dance Club, acknowledging that an injury may occur while dancing, the undersigned does hereby assume all risk and absolves, releases, and waives any and all liability claims or demands against the Chicago Rebels Swing Dance Club, owners, directors, and each and every member thereof which may arise out of an act related to an injury.

Signature (1): \_\_\_\_\_ Signature (2): \_\_\_\_\_