



CHARLOTTESVILLE SWING DANCE SOCIETY
Membership Form

(Memberships are \$15/year and are sold for one-year periods)

Membership Type (check one): Initial Renewal

Name: _____

Email: _____ Birthday (mo/day) _____

Note: Providing your email allows CSDS to email you announcements related to the Club and send renewal notices. Your personal information is confidential and will not be distributed or sold.

***Liability Waiver:** I do hereby for myself and my heirs, executors and administrators waive and release any and all rights and claims of damage I may accrue against the Charlottesville Swing Dance Society and all persons affiliated with this event for any and all injuries I may suffer while traveling to/from or while participating in CSDS functions.

Signature Date

Payment Methods:

- 1) Fill out this form and send it with a check for \$15/person payable to "CSDS" to: **CSDS, P.O. Box 4442, Charlottesville, VA 22905**
- 2) Make your payment via PayPal: go to the CSDS website and click on the Membership link: <http://www.cvilleswingdance.net/membership.asp>. Please be sure to **include your name in the remarks section** so we know who made the payment!

(CSDS Membership Form, Revised 04-17-2013)



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