Ocean Wavers Square Dance Club

Membership Application / Renewal 2018: Please return this completed form along with your payment to the Ocean Wavers Treasurer or President(s) at any OW club dance or OW class dance.

PLEASE HAND PRINT OR TYPE

Name _____ Birthday _____
             First   Last   Month   Day

Address _____
              Street   City   Zip Code

E-Mail _____ Phone _____

****

Name _____ Birthday _____
             First   Last   Month   Day

Address _____
              Street   City   Zip Code

E-Mail _____ Phone _____

****

Anniversary _____
                      Month   Day

****

**Annual Dues (includes required square dance insurance) $20 Per Person or $40 Per Couple.
**Amount paid is for calendar year 2018
May be paid with cash or check at OW club/class dances. If paid through U.S. mail, pay by check only[1].
Make checks payable to: **Ocean Wavers Square Dance Club**

**The required square dance insurance through the PSDA is paid annually. If you pay the insurance through another club, list the club name here _____ and sign here _____. Since you pay your insurance through another club, your Ocean Wavers dues are: $15 per person or $30 per couple.

Ocean Wavers Club Presidents Approval: _____

Please return this completed form and your payment as soon as possible. Thank you.

[1] for a copy of the mail-in application, see the club
  Treasurer or President(s) at any club/class dance.

Amount Paid: _____

Date: _____

Ocean Wavers Badges

* * * YOU DO NOT PAY FOR YOUR FIRST BADGE * * *

If you need a badge fill out the section below

Our badges feature magnetic (or pin) attachment and are $6

Badges are white text on blue plastic and feature the Ocean Wavers Logo, the words "VISTA, CALIFORNIA" and your name.

You may have your first name, a nickname, or full name on 1 or 2 lines of text. **SPECIFY EXACTLY HOW YOU WANT YOUR NAME !!**

Note: engraved text may be fairly small if you decide to place a large number of characters on one line.

_____ First Time Badges ordered @ **$0** each = ___**$0.00**___

_____ Replacement Badges ordered @ **$6** each = _____

Please indicate below **EXACTLY** how you wish your name to appear on your badge.

Badge Name 1 ☐ Check this box if you need PIN-ON style instead of magnetic

Line 1 _____

Line 2 (optional) _____

Badge Name 2 ☐ Check this box if you need PIN-ON style instead of magnetic

Line 1 _____

Line 2 (optional) _____

Badge Name 3 ☐ Check this box if you need PIN-ON style instead of magnetic

Line 1 _____

Line 2 (optional) _____