# Name Birth date Associate Full Dancer/Teacher T-shirt Size

(year optional) ($10) ($15) ($15)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

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Total Membership Fees Enclosed: $\_\_\_\_\_\_\_\_\_\_\_\_\_ (Make checks payable to KCSAHDA)

Dancer’s parent/guardian (not required if over 18):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Include name

E-Mail Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

please list any emails you would like included on notifications

\*May we publish your information in a directory for members? Yes \_\_\_\_\_ No \_\_\_\_\_

Return by **January 31, 2019** – Please include a $5.00 Late Fee for renewals after that date

Mail this form and your fees or return them to the 2019 Secretary: Katie Cochran

220 Richfield Ct.

Liberty, MO

64068

Note to parents: You must be a Full Member to hold an elected office.

**Please mark one of the options on the statements below:**

* KCSAHDA  MAY \_\_\_\_\_  MAY NOT \_\_\_\_\_ publish photographs of me/my child(ren) in publications such as the Kansas City St. Andrew Society newsletter, event programs, and news releases or on the Kansas City St. Andrew Society website or Facebook page.  I understand that names will not be used to identify dancers on the website or Facebook page.
* KCSAHDA  MAY \_\_\_\_\_­ MAY NOT \_\_\_\_\_ “tag” me/my child(ren) in pictures, as mentioned above, on social media such as Facebook and/or Instagram. I understand that my name WILL be used to identify me/my child(ren) in these pictures for the purpose of increasing the KCSAHDA’s potential audience.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature(s) of Member(s) (Parent or Guardian if under 18 years of age) Date