Last Name

HOTLANTA SQUARES MEMBERSHIP APPLICATION

Date: _____

Mark One: New Member ☐ Change of Information Only ☐

		Publish in Roster Yes	No
Name:	_____		
Street Address:	_____	☒	☐
City, State, Zip Code	_____	☒	☐
Home Telephone:	_(____)_____	☒	☐
Work Telephone:	_(____)_____	☒	☐
Cell Telephone:	_(____)_____	☒	☐
Home Email:	_____	☒	☐
Work Email:	_____	☒	☐

Email for Hotlanta Squares Electronic Mail . . . . . Home ☒ / Work ☐

Birthday (month/day only) ____/____

Anniversary (month/day only) ____/____ Partner's Name _____

Please check all that apply:

☐ I wish to receive local, state and national square dance information via email.

☐ I wish to help on the following committees (please check one or more)

☐ Weekly Hospitality ☐ Fly-in ☐ Dances ☐ Publicity ☐ Archives ☐ (other) _____

➢ If you wish to purchase a badge ($8), list name as you want it to appear:

First Name	Last Name

All information will be kept confidential, for HOTLANTA SQUARES' use ONLY, and will not be distributed to any other organization or mailing list.

For Club Use:

Dues Paid		Date: _____	Check / Cash
Badge Ordered	Yes / No	Date: _____	Check / Cash
Badge to Member	Yes / No	Date: _____	
Added to Roster	Yes / No	Date: _____	
Added to Email List	Yes / No	Date: _____	