

Times Squares 2010 Membership Application/Renewal Form

Welcome to Times Squares. Please fill out this membership application form, review, and sign your name. Please PRINT clearly. We prefer to err on the side of confidentiality, so only items for which you circle Y will appear in the Membership Directory. Items for which you circle N will not appear. Items left blank will default to the value from the previous directory. To further promote Times Squares and square dancing, we wish to use images from Times Squares events on our web site; **if you DO NOT wish for your image to be on our web site, please check the new box at the bottom of the form.** This coming year, the dues schedule will be as follows:

- \$45 for full payment before or at the annual meeting (scheduled for Saturday, 9 January 2010)
- \$50 for full payment after the annual meeting (scheduled for Saturday, 9 January 2010)
- (Couples who elect to share the newsletter may take \$5 off EACH person's membership; follow instructions below)

Along with my dues, I am donating an additional: \$200 \$100 \$50 \$20 Other \$ _____

Please make checks payable to "TIMES SQUARES" and mail the check and this membership form c/o Emad Heikal, 17 Floyd St. 1st Floor, Jersey City, NJ, 07306. Or, bring the check and this form to the annual meeting in January. **Members who return their forms after 31 March 2010 may not be listed in the club's membership directory.**

NOTE: Members can also renew on line at www.TimesSquares.org using a credit card.

Personal Information (Check ONE) **ALL NEW Information** **ONLY Changes from Last Year Listed** **NO Changes**

Print in Directory?					
Y or N	Name:	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Nickname</i>
Y or N	Address:				
	City:		State:	Zip:	
Newsletter Delivery:		(Please check ONE):	<input type="checkbox"/> ONLINE notification (faster; saves us money; requires valid E-Mail below) <input type="checkbox"/> Postal MAIL (requires valid Address above)		
Share Delivery: (and save \$5 off each membership; see above)		(Please check ONE):	<input type="checkbox"/> NO <input type="checkbox"/> YES, use MY address (MUST enter significant other below) <input type="checkbox"/> YES, use SIGNIFICANT OTHER address (MUST enter significant other below)		
Y or N	Home Phone:				Sample Directory Listing (your entry will not include any item for which you circle N) First M. (Nickname) Last Occupation 123 Main Street City, ST 12345-6789 800.555.1234 (h) 888.555.1235 (c) 900.555.1236 (w) Online@somewhere.com www.HomePage.com Year Joined: 1985 Birthday: mm/dd Role Danced: B/G Highest Program: MS Service to Square Dancing
Y or N	Cell Phone:				
Y or N	Work Phone:				
Y or N	E-Mail:				
Y or N	Web Site:				
Y or N	Birthday:	(Month/Day)			
Y or N	Occupation:				
Significant Other:					
Emergency Contact:					
Emergency Phone:					

Club History

Year Joined:	(2010 for new members and new Mainstream graduates of the 2009-2010 class)			
Highest Program Danced:	<input type="checkbox"/> Mainstream	<input type="checkbox"/> Plus	<input type="checkbox"/> Advanced ____ (Specify)	<input type="checkbox"/> Challenge ____ (Specify)
Role Danced:	<input type="checkbox"/> Boy	<input type="checkbox"/> Girl	<input type="checkbox"/> Both	
Service:	(Please list only those activities which do not already appear in the directory; include years)			

I volunteer to help with: Membership Fly-In Events Outreach Front Door Security Other _____

I accept responsibility for abiding by the rules of the Times Squares Square Dance Club and for paying the scheduled fees for events I attend. I understand that the Times Squares Square Dance Club retains the right to deny admission to any person.

I DO NOT authorize Times Squares to use my image on their web site; exceptions / clarification may be provided on back.

Signature: _____ **Date:** _____