



OF THE ST. ANDREW SOCIETY OF COLORADO

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## 2011-12 Membership Application

For the period 10/1/11 – 9/30/12

New       Renewal

Family Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Numbers to be listed in directory:

Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Office: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Alternate: \_\_\_\_\_

Dance Teacher: \_\_\_\_\_

Dancers and Family Members you wish to be listed in directory – Please check all that apply.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dancer     Teacher     Judge     Piper     Drummer     Parent     Sibling  
 Dancer Level \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dancer     Teacher     Judge     Piper     Drummer     Parent     Sibling  
 Dancer Level \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dancer     Teacher     Judge     Piper     Drummer     Parent     Sibling  
 Dancer Level \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dancer     Teacher     Judge     Piper     Drummer     Parent     Sibling  
 Dancer Level \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dancer     Teacher     Judge     Piper     Drummer     Parent     Sibling  
 Dancer Level \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dancer     Teacher     Judge     Piper     Drummer     Parent     Sibling  
 Dancer Level \_\_\_\_\_

Please check this box if you prefer that the information above **NOT** be included in the RMHD directory.

Note: Birthdates are requested for the dancers, because we recognize birthdays in the newsletter each month. Parents and siblings birthdays are welcome also. (Birthdates will not be included in the membership roster, & we will not include the birth year in the newsletter, however the year is requested for the dancer for the dance coordinator's recordkeeping.)

### Membership Fee:

The Membership period begins October 1<sup>st</sup> and ends September 30<sup>th</sup> of the next year. Membership for the current year, or any portion of the current year is \$15.00 per family. Full-time college students, not living at home may pay the discounted Student Fee of \$10.00 per year. Please make checks payable to RMHD and mail this form, along with the appropriate membership fee to:

Mail Membership Form to: Joan Bruce P.O. Box 5381 Greenwood Village, CO 80155
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