PEGASUS SQUARES MEMBERSHIP APPLICATION

APPLICANT INFORMATION (Please fill-in using Adobe Reader [™] and print, if possible, OR PRINT LEGIBLY)					
Name Month/Day of Birth					Your Current CALLERLAB®
Email		Preferred Phone	d		Dancing Level
Address Other Phone					Mainstream
City	State	ZII			□ Plus □ A-1 □ A-2
do not authorize the release of the directory information above to other Club members. X					
(circle one) Personal information will not be used for non-Club purposes without your consent. (initials)					
MEMBERSHIP INFORMATION					
Desired Membership Level (choose one; renews annually unless changed)				Annual Dues	Quarterly Amt.
Full Member (May vote, make motions, and/or serve as an officer or committee chair) \$85					\$25/20/20/20
Sustaining Full Member (Same as above, but also may receive recognition as a generous financial supporter of the Club in announcements, publications etc., if desired.) Specify your desired amount(s) in the blanks; this is a commitment for the full fiscal year.				\$100+	\$25+
I prefer NOT to re	ceive specia	al recogni	ition 🗌		17
Please contact me about opportunities for further involvement in the Club (social, committees, etc.)					
EMERGENCY CONTACT INFORMATION (Please Print)					
Name					
Relationship Phone					
STATEMENT OF SUPPORT					
I hereby acknowledge that Pegasus Squares (hereinafter, "the Club") is a private, not-for-profit association whose purpose shall be to provide social, educational, and recreational opportunities within the framework of Modern Western Square Dancing for the lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ*) community and their friends. I understand that, to that end, the Club endeavors to: A. Host Modern Western square dances; B. Conduct dance lessons in accordance with current dance programs as set forth by CALLERLAB [®] ;					
 C. Ensure a supportive environment where LGBTQ* people and their friends may observe, learn, and participate in, Modern Western Square Dancing; D. Provide an opportunity for social networking; E. Support and encourage the growth of Club membership; 					
 F. Ensure availability of square dancing for all persons without regard to gender, race, ethnicity, creed, religion, age, sexual orientation, disability, gender identity or expression; and G. Follow the spirit of the Bylaws and other governing documents of the International Association of Gay Square Dance Clubs ("IAGSDC"), 					
of which this Club is a Full Member organization (as defined in the IAGSDC Bylaws).					
By my signature below, I agree to act in accordance with the Bylaws, and in support of the purpose and objectives stated above.					
SIGNATURE I attest that I am either at least 18 years of age or an emancipated minor.					
	or age or an	emancipa	aleu minor.		
Signature of Applicant X				Date	