

**AMERICA'S CLOGGING
HALL OF FAME
MEMBERSHIP APPLICATION**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: HOME () _____ WORK () _____

CHECK THE FOLLOWING THAT APPLY TO YOU:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> NEW MEMBER | <input type="checkbox"/> RENEWAL |
| <input type="checkbox"/> CLOGGER | <input type="checkbox"/> INSTRUCTOR |
| <input type="checkbox"/> DIRECTOR | <input type="checkbox"/> JUDGE |
| <input type="checkbox"/> PARENT OF CLOGGER | <input type="checkbox"/> * ASSOCIATE |

TEAM (S) ASSOCIATED WITH: _____

DIRECTOR'S NAME _____

I BEGAN CLOGGING: (YEAR) _____

ENCLOSED IS () CHECK NO. _____ () MONEY ORDER _____

IN THE AMOUNT OF \$15.00 FOR MY ANNUAL DUES. THIS ENTITLES ME TO ALL VOTING RIGHTS AND OTHER PRIVILEGES OF THE ORGANIZATION. * ASSOCIATE MEMBERSHIP IS AVAILABLE TO TEAM MEMBERS AND IMMEDIATE FAMILY RESIDING IN THE SAME HOUSEHOLD FOR \$10.00. THIS ENTITLES YOU TO THE SAME PRIVILEGES EXCEPT THE "NEWSLETTER" AND "VOTING RIGHTS."

I HERBY MAKE APPLICATION TO AMERICA'S CLOGGING HALL OF FAME, AND WILL ADHERE TO AND WILL ABIDE BY THEIR CONSTITUTION AND BY-LAWS.

SIGNATURE

DATE _____

PLEASE FORWARD ALL CORRESPONDENCE TO:

AMERICA'S CLOGGING HALL OF FAME
DIANNE LOFTIN
418 Woodford Way
Simpsonville, SC 29680
864-962-9835