

SKANDIA FOLKDANCE SOCIETY

Membership registration and change form

Today's date: _____

Name: _____ Signature: _____

- To report a membership problem, check here and describe problem on back of this form or on separate page.
- New member(s) (first time only).
- Renew membership(s) (including expired or inactive memberships).
 - There have been NO CHANGES in my ADDRESS or PHONE NUMBER since my last renewal.
 - Shown below are CHANGES that have occurred in my ADDRESS or PHONE NUMBER since my last renewal.
- I do NOT want a newsletter mailed to me. **Check this box if you view the newsletter at Skandia-folkdance.org.***

Number, Street, Unit: _____
City, State, Zip: _____
Phone: Area code, Home, Work: _____
Email address: _____

Mail, with your check or money order for \$30 per person (*\$25 if you elect to read the newsletter online at www.skandia-folkdance.org/newsletter.html) made out to SKANDIA FOLKDANCE SOCIETY, to:

Skandia Membership Committee
Post Office Box 17123
Seattle, WA 98127-0823

- Please mail me my membership card in the ENCLOSED SELF-ADDRESSED, STAMPED ENVELOPE.
- I will request my card from a cashier at a Skandia class or event.