

Member Information

INDEPENDENCE SQUARES
PHILADELPHIA



All information collected on this form is for the purpose of membership records and emergency use. It will not be shared outside of the Independence Squares Board of Directors, excepting information allowed for inclusion in the club directory.

Member Information

Name: _____ Birthday: (optional) _____

Address: _____

Phone: _____ Email: _____

Partner Information *(optional)*

Name: _____

Email: _____

Emergency Contact

Name: _____ Phone: _____

Club Information

In case of unexpected class cancellation, what is your preferred method of contact? Email Phone

What is the highest program you dance? (circle one) Mainstream Class MS Plus A1 A2 C1 C2 C3 C4

Member since: (optional) _____

Information Release

Which information would you like included in the club directory? Check all that apply.

Name Address Phone Email Partner information

Board use only

Membership Dues: