

NATIONAL SMOOTH DANCERS, INC.

Bakersfield Smooth Dancers, Bakersfield CA

APPLICATION FOR MEMBERSHIP: 2025

MEMBERSHIP DUES MUST ACCOMPANY THIS APPLICATION: \$99 FOR 2025 MEMBERSHIP

PERSONAL INFORMATION:

DATE: _____ **DATE OF BIRTH:** _____

MONTH/DAY

NAME: _____ **MARRIED** **SINGLE**

ADDRESS: _____

PHONE #: _____ / _____ **EMAIL:** _____

HOME

MOBILE

OCCUPATION: _____ **BUSINESS ADDRESS:** _____

SPOUSE/SIGNIFICANT OTHER INFORMATION

NAME: _____ **DOB:** _____ **(MONTH/DAY)**

PHONE #: _____ / _____ **EMAIL:** _____

OCCUPATION: _____ **BUSINESS ADDRESS:** _____

Have you ever been a member of NSD? YES **NO** **WHICH CHAPTER?** _____

Should you be called upon to serve in any office would you be willing? YES **NO**

If "NO" please explain: _____

By signing, I/we understand & agree that the National Smooth Dancers, INC. (To include all chapters) will not be held responsible for loss or theft of articles, nor be held liable for injuries sustained by persons dancing and/or competing at any chapter National Smooth Dancers event. I/we hereby assume the risk and irrevocably give and grant to the National Smooth Dancers, INC. the right to produce, use, refer to, or reproduce any still photographs taken, and video/audio recordings made, at any and all chapters of National Smooth Dancers events. **FAILURE ON YOUR PART TO COMPLY WITH THE BY-LAWS OF THE CLUB CAN RESULT IN THE TERMINATION OF YOUR MEMBERSHIP.**

This is a non-profit organization, its purpose is to encourage more interest in Smooth Dancing, to create friendships, and to provide entertainment for its members.

****ALL MEMBERS STRONGLY URGED TO SERVE ON A DANCE COMMITTEE AT LEAST ONE TIME EVERY YEAR****

Which month(s) are you available/interested in hosting or helping? Jan___ Feb___ Apr___ May___
June___ July___ Aug___ Sept___ Oct___ Nov___ Dec___

Signature #1 _____

Signature #2 _____

TO BE COMPLETED BY OFFICERS

Check #: _____ Cash: _____ Amount: _____ Date: _____

Date received: _____ Date approved: _____ Date voted in: _____

Application rejected: YES NO Reason: _____ Date: _____

Approved by: _____ Title: _____ Date: _____

Termination of Membership: Date: _____ Reason: _____

Will member be eligible for reinstatement into club at a later date? YES NO

Bakersfield Smooth Dancers

Full membership is \$99.00. Members have all rights of voting, holding offices, and 11 monthly club dances.

Application and dues will be taken to the Board meeting for approval.

All members are encouraged to attend the Board meeting, which is held the second Monday of each month at 6:00 P.M. with the location to be announced.

Please make checks payable to Bakersfield Smooth Dancers and mail signed applications to:
PO BOX 80142 Bakersfield CA 93380

If you have any questions, please call me at: 661-444-5304 (Stacey Loubey, Membership Chair)