

Membership Application

PLEASE PRINT:			
Name:			
Address:			
City:	y: State: Zip:		
Home Phone:	: (Cell Pho	ne: ()	
E-mail Addre	ess*:		
	*Provision of your email address will assume that you wish to	receive the Rebels email newsletters unless you specify otherwise.	
	I would like to join the Birthday Club and receive	a birthday card that is a free dance pass.	
	Please give us your birth month:		
I would be w	willing to volunteer once or twice a year by:		
	the front desk at dance gister students at classes Decorating for a dance Cleaning up after a dance		
out of or from and accident i	insurance.	wing Dance Club accepts no liability for injury occurring ocial function. I have been advised to carry my own medical Date	
	Payment of \$25.00 for a one year m		
In Person:	At any club event by cash, check, or credit card.	Online: Payment may be made with PayPal.	
By Mail:	Checks payable to TWIN CITIES REBELS may be ma	ailed to:	
	Twin Cities Rebels Swing l P.O. Box 385732 Bloomington, MN 55438	Dance Club	
For more info	rmation: HOTLINE: 952-941-0906 WEBSIT	E: www.tcrebels.com EMAIL: info@tcrebels.com	
	Thank you for your interest in our club. W	Ve welcome you into our family.	
Office use only Expiration Da	•	Received Card: In Person Mailed Date:	
Paid: Cash	Check (#)	a MC Discover Amex) PayPal (prepay)	
Registered By	/:	QB SC DB GR	