

Santa Fe Tango

Membership Application – 2018

NAME (*printed*): _____ DATE: _____

SIGNATURE: _____

EMAIL: _____

PHONE: _____

(*optional*)
ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BIRTHDAY (*month & day only*): _____

Annual Membership \$25 (January 1 thru December 31)

Dues are prorated \$2/month if member joins at another time of the year.

We have a reciprocal agreement with TCA for membership:

If your primary membership is with TCA, you may join SFT for \$15

If your primary membership is with SFT, you may joint TCA for \$15 (to join TCA, contact them at abqtango.org)

AMOUNT DUE: _____ PAYMENT METHOD: cash/check # _____

Please make check out to: **Santa Fe Tango**

MONEY COLLECTED BY: _____

Membership applications can be mailed to:

Santa Fe Tango, PO Box 9674, Santa Fe, NM 87504-9674

THANK YOU!

For administrative purposes.

- Member added to email list. Date: _____
- Member entered into database. Date: _____
- Member's dues deposited. Date: _____