

Santa Fe Tango

Membership Application – 2017

Please complete all lines

NAME: _____

DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____

PHONE: _____

EMAIL: _____

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: _____