

Moolah Shrine Swing Dance Club

12545 Fee Fee Rd.
St. Louis, MO 63146
314-332-1288 ext 813



Please Print:

Name _____ Today's Date _____
(First Name) (Last Name)
Address _____ Birth Month _____
_____ Occupation _____
City _____
State _____ Zip Code _____
E-Mail Address _____
Phone (Home) _____
(Other) _____

Would you like to volunteer any time to support our club? Yes _____ No _____

Bring this form with your remittance to any Moolah Shine Swing Dance Club event:

Annual Dues \$20.00

We accept cash or make checks payable to: Moolah Shrine Swing Dance Club OR MSSDC

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I agree, by my signature below, that I and my heirs, legal representative and assigns, hereby release, waive, and discharge the Moolah Shrine Swing Dance Club, Moolah Shriners its members, directors, coordinators, teachers and other officers from all liability to my person or property, including injury and/or death incurred while participating in any Club activity. I agree that this release, waiver, indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Missouri and that if any portion hereof is held invalid, it is agreed that the balance shall continue to be in full effect. I further understand that the information on this form is solely for the use of the MSSDC and that my personal information will not be distributed as part of a list for use outside the club.

Signature: _____

Member #) _____ Pd. Cash/ck. # _____
New/ Renew _____ Effective Until _____
Issued By _____