

MEMBERSHIP APPLICATION

THIS FORM IS INTERACTIVE — TYPE IN ANSWERS WITH YOUR COMPUTER AND PRINT

Please send completed form to International Polka Association, 4608 S. Archer Ave., Chicago, IL 60632

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Residence (____) _____ Business (____) _____

E-Mail: _____ Birth Date: _____



Check All Areas In Which You Are Active:

___ Booster

___ Promoter

___ Band Leader: Name of Band _____

___ Musician: Instrument _____

___ Vocalist: Name of Band _____

___ Composer

___ Music Publisher: Name of Company _____

___ Dancing Exhibition ___ Dancing Instruction

___ Lounge Owner/Operator: Lounge Name _____

___ Ballroom Owner/Operator: Ballroom Name _____

___ DJ ___ TV Announcer Station _____ City _____

___ Newspaper: Publication Name _____

___ Record Manufacturer: Company Name _____

___ Record Distributor: Company Name _____

I agree to support the Constitution and By-Laws of the IPA.

Membership dues are \$15.00 per year.

Recommended by _____

Signed _____ Date _____

Approved by _____, Financial Secretary