

Syracuse Area Bellydancers' Association

MEMBERSHIP FORM

To join SABA, please fill out this form.
Return it along with a check for \$10 (for annual dues).

Renewing _____

Mail to: Make your check payable to SABA
Pat Madsen,
4766 Sabre Lane,
Manlius, NY 13104

New Member _____

Name _____ **Dance Name** _____

Troupe Affiliation and Teacher _____

Your Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Email _____

Website/Facebook _____

Teacher _____ **Student** _____ **Performer** _____ **Vendor** _____ **Other** _____
(Check all that apply) (Please specify)

I would like to join Syracuse Area Dance Services (SADS) where I can post and receive emails about dance forms (other than bellydance):

SADS: YES _____ **NO** _____

Membership Dues: Members currently submit an annual membership fee of \$10.00. Dues received from January through September get membership through the end of December of the same year. Dues received from October through December receive the remainder of the current year and January through December of the next year. Grace period ends January 31st.

I hereby release Syracuse Area Bellydancers' Association and its officers, as well as any SABA event Sponsors and their Owners/Directors from any liability associated with my performances and/or participation at SABA-Sponsored events.

I also hereby agree to authorize SABA to use my image on its website/social media and in any video recordings of my performances at SABA-sponsored events.

Date of Application: _____ Signature: _____