



# Houston Area Belly Dance Association

www.habda.org

## Membership Application

Please complete the following form and mail it with the appropriate dues to the address listed at the bottom of this form. **WE'RE HAPPY TO HAVE YOU JOIN US!**

Name:		Performance Name (if applicable):	
Address		City	State      Zip Code
Business Membership: <input type="checkbox"/> Yes <input type="checkbox"/> No		Business Name:	
Business Address (if business membership)		City	State      Zip Code
Home Phone:		Work Phone:	
Cell Phone:		Email Address:	
Date of Birth: (Yr. Optional)	Publish my contact information in the HABDA "members only" directory:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Referred by: Name:	Member <input type="checkbox"/>	Web <input type="checkbox"/>	Business <input type="checkbox"/> Other <input type="checkbox"/>
I hereby release the Houston Area Belly Dance Association and its Board of Directors, as well as any HABDA Event Sponsors and their Owners/Directors from any liability associated with my performances at HABDA-sponsored events. I also hereby agree to authorize HABDA to use my image on its web site and in any video recordings of my performances at HABDA-sponsored events.			
Date of Application:		Signature:	

Please let us know which committee(s) below most interests you.

Ethics      Events      Advertising      Newsletter      Membership      Website      Historical  
                                   

New Member Dues: Jan – Jun \$20.00    Jul – Dec \$10.00      Renewals: \$20.00 due each Jan

Following to be completed by HABDA

Date Received:	Amount:	Check No.:	Initialed:
Date Processed:	Renewal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Member No.:	Initialed:

Revised:10/07/05

**We're what's HIP in Houston!**

*P.O. Box 56305    Houston, TX 77256-6305*