



Guild Membership Application

About You

Name _____

Address _____

Phone numbers

Home _____ Work _____

Cell _____ Fax _____

Email Address _____

Birth Date _____ Occupation _____

Your Dancer(s)

<i>Name</i>	<i>Age</i>	<i>Ballet Level Next September</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Skills & Experience

Organizational affiliations, community and volunteer positions*

<i>Organization</i>	<i>Position Held/Responsibilities</i>	<i>Dates of Service</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your special interests and abilities*

* Attach extra pages if needed.

- I agree to the following requirements should I be selected for Guild membership:
1. Attendance at Guild meetings, usually the second Saturday of each month at 10:30 a.m.
 2. Service on one or more Guild committees
 3. Two-year term with the option of a second consecutive two-year term

I understand that the information on this application will be reviewed by the Nominating Committee of the Ballet Lubbock Guild.

Signature: _____ Date: _____