



Cape Fear Ballroom Dancers

P. O. Box 1359, Fayetteville, NC 28302

www.capefearballroomdancers.org

(910) 987-4420



2021 MEMBERSHIP APPLICATION New Renewal Date _____

For RENEWALS, are there any changes of: Name Address Phone Email

Name _____

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email _____

RENEWALS are \$50.00 per person. **NEW** memberships are pro-rated to \$25.00 per person.

Membership Dues \$ _____

Contribution \$ _____

Total \$ _____

Make checks payable to: Cape Fear Ballroom Dancers or CFBD

Please mail application and your payment to:

Cape Fear Ballroom Dancers
Attn: Membership
PO Box 1359
Fayetteville, NC 28302

For CFBD Treasurer's Use Only:

Year: _____

Check # _____

\$ _____