

Texas Coastal Bend Bellydance Association



2025 Membership Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip _____

Email: _____ Birthday (Day/Month): _____

Phone: _____ Stage name (if applicable): _____

Annual Membership Dues:

Individual \$25

Additional Household members \$5 x ____ = ____

Name(s) of Household members:

Total: _____

Payment method: Cash _____ Check # _____ PayPal _____ Venmo _____

Please make checks payable to Texas Coastal Bend Bellydance Association (TCBBA)

PayPal (as friends) tcbbaorg@gmail.com

Venmo @TCBBA TCBBA

Membership runs annually beginning in January through December of a single calendar year. Annual dues are not to be prorated based on Date of application. All members have access to private Facebook groups, and special discounts on workshops.

Waiver

By signing this application, I hereby agree to the TCBBA Bylaws and will act accordingly by treating all members respectfully or risk denial of renewal. By applying and participating in TCBBA I acknowledge the use of photography and video at all events and grant permission for my image to be used for promotional and professional purposes. These purposes include, but are not limited to: social media, website, and flyers.

Signature: _____