

WELCOME TO THE TEXAS COASTAL BEND BELLYDANCE ASSOC.

Name:

Address:

Email:

Phone #:

Annual Membership Dues

Individual \$25

Additional Household members \$5 x _____ = _____ Name(s) of Household members:

Total: _____

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

Your 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 applying and participating in TCBBA you acknowledge the use of photography and video at all events and grant permission for your image to be used for promotional and professional purposes. These purposes include, but are not limited to: social media, website, and flyers.

Member

Signature _____ **Date** _____

Please make checks payable to: Texas Coastal Bend Bellydance Association (TCBBA). Submit electronically to TCBBA@yahoo.com Mail to: TCBBA, 404 Indiana Ave. Corpus Christi, Texas 78404

