

Choreographers, Dancers, Teachers, Students, and Lovers of Dance Sharing Resources

## Membership Application

YES, I want to become a member of the Dance Alliance and show my support for dance in the Capital District and Saratoga Regions.

Enclosed is my membership at the following level:

\_\_\$6 Student
\_\_\$6 Senior (age 63)
\_\_\$12 Individual
\_\_\$20 Organization
\_\_\$25 Friend
\_\_\$50 Donor
\_\_\$100 Patron

Name:

Organization:

Address:

City / State / Zip:

Phone:
\_\_\_\_ Email:

Area(s) of special interest:

## Make checks payable to Dance Alliance and mail to:

Dance Alliance c/o Gail Tassarotti 52 Marriner Avenue Albany, NY 12205