



DanceFlurry Organization Membership/Donation Form

Complete this form and mail it along with your check, payable to DanceFlurry Organization, to:
DanceFlurry Organization, PO Box 448, Latham, NY 12110-0448

Date: _____

Name(s)* _____

Address _____

City/State/Zip (we will need your zip +4) _____

E-mail _____

Phone _____

*If this is a gift membership, please fill complete the form with Gift Recipient's information and add your name and contact information here: _____

MEMBERSHIP

Memberships are for one calendar year - Jan 1 through Dec 31.

Any membership level over \$25 qualifies as a tax-deductible donation

New ___ Renewal ___ I would like a: ___ dancer name button **OR** ___ a membership card (for wallet)

Name(s) on button or card _____

Basic Membership: ___ \$25 Individual ___ \$45 Couple/Family ___ \$15 Limited Income Individual

Donor Level Memberships: ___ Supporter \$50 ___ Sponsor \$100 ___ Patron \$250

___ Partner \$500 ___ Angel \$1000 **OR** Other amount \$ _____

DONATION You can specify a tax-deductible donation below or you can make a donation through our online PayPal account at our Web site, www.danceflurry.org.

I want my donation to be apportioned as follows:

\$ _____ DanceFlurry Festival \$ _____ DanceFlurry Organization

\$ _____ Flurry Youth Institute \$ _____ K-8 Dance Residency in schools

\$ _____ Local Dance Series \$ _____ Matching employer gift

I approve publication of my name as a member or donor: ___ - Yes ___ No

ADDITIONAL INFORMATION TO HELP US WITH OUR DANCE AND MUSIC PROGRAMMING

Dance Interests: Contra ___ English ___ Swing ___ Tango ___ Scottish ___ Family ___ Ballroom ___
International ___ Scandinavian ___ Cajun/Zydeco ___ Waltz ___ Other: _____

Music Interests: ___ Music jams Music styles I like: _____

Instruments I play: _____

We Need Volunteers! I can help: ___ run local dance events ___ with organizational activities