



TEXAS CLASSIC PUSH CLUB

P.O. BOX 121779, ARLINGTON, TX 76012-7779
Fax: 817-460-0350 Email: Classic@TexasClassic.com
http://www.TexasClassic.com/

Membership Application

Name(s) - Please Print Application Date

Street Address & Apt. No. City State & ZIP

Home Phone Business Phone (His) Business Phone (Hers)

Email Address (His) Email Address (Hers)

Members must be 18 years of age or older. _____
Birth Date (His) Birth Date (Hers)

Are you a member of any other dance clubs? _____
Club Name(s)

My primary club affiliation is with the: _____
Club Name

Membership Dues: New Membership or Renewal Individual – \$40
(One Year Period) Couple – \$60

Method of Payment: Cash Check

Mail to: **Texas Classic**
P O Box 121779
Arlington, TX 76012-7779