



SLAVJANE Folk Ensemble

Membership Application

Date _____

Name _____ Age _____ Birthdate _____

Address _____ Phone _____

City _____ State _____ Zip _____

Cell Phone _____ Email _____

Parents' Name(s) _____

What school do you attend? _____ Grade _____

<u>Experience (dance, instrument, vocal)</u>	<u># of years</u>	<u>School or Group</u>	<u>Private Lessons</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Why do you want to join Slavjane? _____

I/We, _____, parents of _____ give permission to apply for Slavjane membership. If accepted, I/we understand and agree to the terms and conditions of membership, as set forth in my/our official orientation meeting with Slavjane Officers, and Slavjane's current bylaws.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Slavjane Officer Signature _____ Date _____

Slavjane Officer Signature _____ Date _____

Please return to:
Dean Poloka, Program Director
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Coraopolis, PA 15108-3355
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rusyn31@gmail.com email