

PUDDLETOWN SQUARES
WWW.PUDDLETOWNSQUARES.ORG
Membership Renewal 2026

First Name _____ Last Name _____
 Street address: _____
 City: _____ WA Zip _____
 Primary Phone (_____) _____ Cell _____ Landline _____
 Preferred Email: _____



Continuing Member Re-Registration (Enter changes to personal information from previous year/s)

Current dance level: SSD MS Plus Adv C-1 C-2 or above

Continuing Membership Fee: \$50.00

Additional Donation: \$ _____ (Scholarship Fund, Events, etc.) Total paid:

\$ _____ Payment type: Cash Check [PayPal link](#) or use



Release: I understand that there are risks associated with my participation in square dancing. I assume all risks of injury or harm from my participation in this activity and release Puddletown Squares NW, its officers, and volunteers, from all liability for injury or property damage resulting from my participation in club activities.

Signature: _____ Date: _____

Volunteering: Puddletown Squares' programs are entirely coordinated and run by member volunteers. If interested in volunteering, please see membership coordinator and/or Board President regarding volunteer opportunities.

Membership forms may be returned at any dance club dance night or mailed to:
PUDDLETOWN SQUARES PO BOX 20671 SEATTLE WA 98102