

# The Cleveland Polka Association



Name: \_\_\_\_\_

Please Print all Information

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Include Area Code)

E-Mail Address: \_\_\_\_\_

Birthday Month: \_\_\_\_\_ Birthday Day: \_\_\_\_\_ Year (optional): \_\_\_\_\_

**Dues: \$10.00 Per Year – Per Member, US & Canada**

**Make Check Payable To:**

Mail Application To:

**Cleveland Polka Association (or CPA)**

Anna Slepecky, Membership Chair

3920 Granger Road

Medina Ohio 44256

330-461-1772

*Annas@mfgsystem.com*

*Please Check One:*

\_\_\_\_\_ Renewal     1YR     2YR     \_\_\_\_\_ YR

\_\_\_\_\_ New Member     1YR     2YR     \_\_\_\_\_ YR

Recommended by: \_\_\_\_\_

*(If new member, please tell us where did you get this application)*

\_\_\_\_\_ Check Here If Address Change

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Email us at: [1975cpa@gmail.com](mailto:1975cpa@gmail.com)*

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