

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: _____

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