

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: \$15.00 *per year ~ per member, US & Canada*

\$100 – for lifetime membership (must be at least 75 years of age prior to December 31, 2021)

Make Check Payable To:

Cleveland Polka Association (or CPA)

Mail Application To:

Anna Slepecky, Membership Person

3920 Granger Road

Medina, OH 44256

Please Check One:

_____ *Renewal* 1 year 2 year _____ *years*

_____ *New Member* 1 year 2 year _____ *years*

_____ *Lifetime Member* (*must be at least 75 years of age prior to December 31, 2021*)

Recommended by: _____

(if new member, please tell us where you received this application)

Signature: _____ Date: _____

Email us at: annas@mfgsystem.com

Visit us at: www.cpapolkas.com

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