

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 (with Newsletter e-mailed) *per year ~ per member, US & Canada*
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\$100.00 for lifetime membership (*must be at least 75 years of age*) Please circle how you would like
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Mail Application To: Anna Slepecky, Membership Person
3920 Granger Road
Medina, OH 44256

Please Check One: _____ *Renewal* _____ *New Member*

Recommended by: _____
(if new member, please tell us where you received this application)

_____ Check Here If Address Change

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