

# 2024 Membership Application

(9/23-9/24)



**Buckeye Bop Club**  
Columbus - Ohio

Name (Please print clearly) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Birthday (MM/DD) \_\_\_\_/\_\_\_\_

Newsletter:  I already receive it.  
 I don't receive it but would like to.  
 I don't want it

Release: I agree to hold the Buckeye Bop Club harmless from all suits, claims or damages of any kind arising from this activity. I acknowledge that the Buckeye Bop Club accepts no liability for injury occurring out of or from participation in any club meetings, dance or social function. I have been advised to carry my own medical and accident insurance. I also agree to abide by the bylaws and guidelines of the Buckeye Bop Club and will conduct myself in a safe and appropriate manner at all times.

Annual dues are \$35. September is the annual renewal month.

Make checks out for \$35 payable to the Buckeye Bop Club. Turn it in Tuesday or...

Mail to Buckeye Bop Club, 797 Lithic Dr, Galena, OH 43021

\_\_\_\_\_  
Signature (I have read this application)

\_\_\_\_\_  
Date