Las Vegas Highland Dance Association Membership Form

Member Name:					
Dancer's Name(s)	(if applicable):				
Address:					
City, Zip:					
Phone Numbers:	Home:				_
	Work:				_
	Cell:				_
Email Address:					
□ Phone/En□ Competit	ing Committee mail Committee tion Organizatio	e on Comr	nittee	e	ing?
Print this form & p Kristin Brimhall 2609 Fallow Fields Henderson, NV 89	Terr	next ger	ieral	meeting	or mail to:
					Office Use (2011-2012
Payment Received	in full □	Cash	or	Check	