



Send to: Linda Pezo  
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Madison, OH 44057  
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## MEMBERSHIP APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ E-Mail \_\_\_\_\_

**Referred by:** \_\_\_\_\_

*Please answer questions below only if you are a band member, DJ,  
newspaper reporter, editor or a record producer!*

Name of Band \_\_\_\_\_

Name of Bandleader? \_\_\_\_\_

Vocalist? \_\_\_\_\_ Instrument \_\_\_\_\_

DJ \_\_\_\_\_ Radio Station \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Days on Air \_\_\_\_\_ Time \_\_\_\_\_

Newspaper Reporter \_\_\_\_\_ Name of Publication \_\_\_\_\_

Record Producer \_\_\_\_\_ Name of Company \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

I hereby submit my application for membership in the UNITED STATES POLKA ASSOCIATION and agree to do all in my power to further the growth of this organization and the Polka Industry. I will be governed by the U.S.P.A. Constitution and By-Laws at all times. Membership dues are payable at the rate of \$8.00 per year. All members dues expire June 1st of each year. Make all checks and money orders payable to the United States Polka Association. Mail to the Membership Chairperson

SIGNED \_\_\_\_\_ Date \_\_\_\_\_

Chartered Non-Profit Organization