



Send to: USPA Membership
4980 Bunker Rd.
North Royalton, OH 44133
Email: kak5568@att.net
Call or Text: 216-215-7919

MEMBERSHIP APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Cell _____

Email _____

***Please answer questions below ONLY if you are a band leader,
band member, or IJ/DJ***

Name of Band _____

Name of Bandleader? _____

Are you a vocalist? YES _____ NO _____

Are you a IJ/DJ? YES _____ NO _____ Radio Station _____

Broadcast Days/Time _____

City _____ State _____

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 member dues expire June 1st each year. Make all checks and money orders payable to the United States Polka Association. Mail to the Membership Chairperson.

Signed _____ Date _____