



Send to: USPA Membership
7590 Pleasant View Dr.
Parma, OH 44134
440-886-6157

MEMBERSHIP APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Cell: _____ E-Mail _____

Referred by: _____

***Please answer questions below only if you are a band leader,
band member, IJ/DJ, or record producer!***

Name of Band _____

Name of Bandleader? _____

Vocalist? _____

IJ/DJ _____ Radio Station _____ City _____ State _____

Days on Air _____ Time _____

Record Producer _____ Name of Company _____

Address _____ Phone No. _____

Email _____

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