



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 \_\_\_\_\_