

**Dues:
\$15**

DBCA
Polka Booster Club of America

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\$15**

2024 Membership Application

Please Print Clearly

Name: _____

Spouses Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____

**Home
Phone:** _____

**Cell
Phone:** _____

**Preferred
Contact:** Home Cell
(check one)

**Newsletter
Preference:** Email Mailed
(check one)

Birthday (M/D): _____ **Anniversary (M/D/Y):** _____

Emergency Contact: _____

Emergency Contact Phone#: _____

2 Payment Methods:

- **Checks Payable to:** Polka Booster Club of America, or
- **Credit Card:** Scan QR Code Below

**Send Membership Form
(and check, if paying by check)**

Polka Booster Club of America
c/o Michael Biesiadecki
25120 Doxtator
Dearborn, MI 48128

