



# SLAVJANE Folk Ensemble

Membership Application

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parents' Name(s) \_\_\_\_\_

What school do you attend? \_\_\_\_\_ Grade \_\_\_\_\_

<u>Experience (dance, instrument, vocal)</u>	<u># of years</u>	<u>School or Group</u>	<u>Private Lessons</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Why do you want to join Slavjane? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We, \_\_\_\_\_, parents of \_\_\_\_\_ give permission to apply for Slavjane membership. If accepted, I/we understand and agree to the terms and conditions of membership, as set forth in my/our official orientation meeting with Slavjane Officers, and Slavjane's current bylaws.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Slavjane Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Slavjane Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to:  
Dean Poloka, Program Director  
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