

**BUCKS & DOES/ORBITING SQUARES****MEMBERSHIP APPLICATION/RENEWAL FORM****BADS/OS, 312 Worman Drive, Gahanna, OH 43230**

Please print all information as requested. Please do not leave any blanks. Give form & dues to the Treasurer or mail it to the above address. Please date and sign your name in the space provided following the declaration statement.

NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
(Last) (First) (M. I.) (Mo/Day)

ADDRESS: \_\_\_\_\_  
(Street) (Apt) (City) (State) (Zip Code)

PHONE: (\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_ / E-MAIL: \_\_\_\_\_  
(Home) (Cell)

(Phone will be listed in the roster as shown. Only note the numbers you want in the roster. Please place an "X" here \_\_\_\_\_ if you do NOT want your e-mail address listed in the Club Roster.)

**IN CASE OF EMERGENCY, CONTACT:** \_\_\_\_\_  
(Name) (Phone Number) (Relationship)

**BACK UP CONTACT:** \_\_\_\_\_  
(Name) (Phone Number) (Relationship)

You may be photographed for print, videotaped, or electronically imaged. Images may be used in promotional materials, news releases, and other published formats for Bucks and Does/Orbiting Squares. The images will be the sole property of Bucks and Does/Orbiting Squares.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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