

KSPOAC Membership Form

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____

Email Address: _____

Participants Name: Participants Age: National POAC Membership Number:

Dues Paid: Yes / No Check: _____ Cash: _____ PayPal: _____

Family Membership: \$20. Family includes immediate family members only.
Individual Membership: \$15. Single person only.

Membership fee due by the end of the first show to count for Year End Awards. Late Membership Fee: add \$10. Any memberships added after August 1st will not have voting rights in KSPOAC for that year.

To be eligible for Year End Awards, members must participate in at least 50% of the scheduled shows AND each family must help work during each show for the points from that show to count towards Year End Awards.

Signature: _____