

2025 Membership Application

(9/24-9/25)



Buckeye Bop Club
Columbus - Ohio

Name (Please print clearly) _____

Address _____

City _____ State _____ Zip _____ Phone () _____

Email _____ Birthday (MM/DD) ____/____

Newsletter: I already receive it
 I don't receive it but would like to
 I don't want it

Release: I agree to hold the Buckeye Bop Club harmless from all suits, claims, or damages of any kind arising from this activity. I acknowledge that the Buckeye Bop Club accepts no liability for injury occurring out of or from participation in any club meetings, dance or social function. I have been advised to carry my own medical and accident insurance. I also agree to abide by the bylaws and guidelines of the Buckeye Bop Club and will conduct myself in a safe and appropriate manner at all times.

Annual dues are \$35, September is the annual renewal month.

Make checks out for \$35 payable to the Buckeye Bop Club. Turn it in Tuesday or ...

Mail to Buckeye Bop Club, 797 Lithic Dr, Galena, OH 43021

Signature (I have read this application)

Date