



Membership Dues: \$25.00 [\$15.00 for students]

First Name _____

Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

By signing this form, I acknowledge the inherent risks of attending any social dance event, including the risk of getting COVID-19 and other infectious illnesses. By attending any TSoM-sponsored event, **I voluntarily assume all risks and agree not to hold TSoM or any of its directors, officers, members, or volunteers liable for any illness, injury, or harm of any kind arising from attendance.**

Full Name

Date

Please print this form and send it with payment to:

Tango Society of Minnesota
P.O. Box 24044
Edina, MN 55424