



MADISON TANGO SOCIETY MEMBERSHIP RENEWAL FORM

Please Print Clearly!

Date: _____

Last Name: _____

First Name: _____

Phone Number: _____ (optional)

I am a: Student (at least 50% equivalent) Non-Student

Paid in Full (\$30 or \$15)

Valid Through: _____

Board Member Signature

Please return this form, along with payment in person to any MTS milonga or practica, by email to info@madiontango.org, or by postal mail to MTS, 2 Chippewa Ct., Madison, WI 53711

