



Membership Agreement

I DO HEREBY ACCEPT the invitation of Florida West Ballet to be a member thereof, agreeing to the terms, rules and regulations set forth herein, and upon such further terms, rules and regulations as may from time to time be determined by the Artistic Director and/or the Board of Directors of the Company. I acknowledge that my membership in the Company may be terminated if I do not abide by said rules.

DANCER (Please print name)

DANCER'S SIGNATURE (Date)

PARENT OR GUARDIAN SIGNATURE (Date)

FLORIDA WEST BALLETT, INC.

Witnessed by:

(Date)