



KIDabra International Membership Renewal

Check one: () PRIMARY (\$52) () YOUTH (\$20) () ASSOCIATE/SPOUSE (\$20)
() INTERNATIONAL (\$82)

Check one: () MasterCard () Visa () Discover () Check or Money Order

Credit card number: _____ - _____ - _____ - _____
Expiration Date: Mo\Year ____ \ ____ CCV2# from back _____ (Payment should be in US Funds only.)

Name: (First) _____ (Middle) _____ (Last) _____

KIDabra International Member # _____

Address 1 _____

Address 2 _____

City _____ State/Province _____ Zip _____ Country _____

Home Phone _____ Business Phone _____ Fax _____

Email Address _____

Date of Birth: Mo ____ /Day ____ /Year ____

Professional Name (if any) _____

Full Time Performer ____ Part Time Performer ____ Other (explain) ____

If you are an Associate Member or Youth Member applicant, please list parent/guardian primary member, spouse or Primary Member assisted here (If you perform on your own, and are over 18, you must register as a Primary Member). Associate and Youth Members do not receive the KIDabra Journal. If you are under 18 and would like to receive the KIDabra Journal, you should register as a Primary Member.

PLEDGE & CODE OF CONDUCT

I hereby pledge that I will abide by the Constitution and By-Laws of KIDabra International and of any affiliated Chapters of which I may become a member and any and all amendments thereto as well as its Convention mandates. I pledge to promote and participate in the art and advancement of children's and family entertainment in a positive way. I will respect and protect the intellectual property of my fellow performers. I will never intentionally nor maliciously bring harm to the children I perform for. Upon my honor, I pledge to the above and attest that all statements made by me in this application are true and subscribe my name hereto.

Signature (in ink) _____ Date _____

Please fill out one form per renewal. A completed form is required for each renewal.