**Square Dance Minnesota, Inc.**

**Annual Insurance Documentation**

 Date: Click here to enter a date.

Organization: Select an organization. Organization City: Click here to enter city.

Contact Name: Click here to enter contact name. Title: Select a title.

Contact Address: Click here to enter street address.

City: Click here to enter city. State: Select a state. Zip Code: Click here to enter code.

Telephone Number: Click here to enter number. E-mail: Click here to enter e-mail address.

Fee: SDM: $10 (insurance and dues) Number of members Click here to enter number. x $10.00 = $ Click here to enter total.

Fee: SDM: $5 (\*insurance only) Number of members Click here to enter number. x $ 5.00 = $ Click here to enter total.

 Total $ Click here to enter total.

\* Youth (age 17 and under), nonagenarian or centennial members, or new dancers.

*Organizations need to include the appropriate United Square Dancers of America (USDA) Form listing the names of their members. The form must be signed by the organization president/ chair. All members of the organization must participate in the USDA Insurance Program for the organization to be covered under the liability policy. Presidents/Chairs must acknowledge compliance with this requirement by signing the “club roster” form.*

Send this completed form, a check payable to Square Dance Minnesota, the USDA “Federation or Association Club Listing,” the USDA “Club Roster,” the USDA “Club Members Insured Through A Different Club,” and a copy of the signed SDM Forms 005 “Individual Membership Application” to the SDM Membership Committee Chair no later than September 30.