**Square Dance Minnesota, Inc.**

**Additional 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.

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

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

SDM: $ 0.00 (age 17 and under) Number of members Click here to enter number. x $ 0.00 = $ 0.00

Total $ Click here to enter total.

\* USDA board member(s) Click here to enter number, nonagenarian or centennial dancer(s) Click here to enter number, or new dancer(s) Click here to enter number.

*All members of the organization must participate in the USDA Insurance Program for the organization to be covered under the liability policy. Organizations need to include the appropriate United Square Dancers of America (USDA) Form listing the names of their members. This form is to be used only when submitting additional members or members insured through another organization for insurance. Use SDM Form 004 when submitting your annual insurance documentation.*

Send all of the following to the SDM Membership Director:

1. This completed form
2. Check payable to Square Dance Minnesota, Inc.
3. USDA “Additional Enrollment,” (three copies)
4. USDA “Club Members Insured Through A Different Club,” (three copies)
5. Copy of the signed SDM Forms 005 “Individual Membership Application” for each organization member.