**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.

USDA: $5 (insurance) Number of members Click here to enter number. x $10.00 = $ Click here to enter total.

SDM: $5 (dues – optional for 2021) Number of members Click here to enter number. x $5.00 = $ Click here to enter total.

SDM: $0 (age 17 and under\*) Number of members Click here to enter number. x $0.00 = $ 0.00

SDM: $2 (printed directory) Number of directories Click here to enter number. x $2.00 = $ Click here to enter total.

 Total $ Click here to enter total.

\**Enter the last name(s) for each category.*

Insurance paid through another organization: Click here to enter last name(s)

Youth: Click here to enter last name(s)

*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 USDA “club roster” form. Use SDM Form 006 when submitting additional insurance documentation.*

Send all of the following to the SDM Membership Director no later than September 30:

1. This completed form
2. Check payable to Square Dance Minnesota, Inc.
3. USDA “Federation or Association Club Listing,” (one copy)
4. USDA “Club Roster,” (one copy, signed by the organization president/chair)
5. USDA “Club Members Insured Through A Different Club,” (one copy)
6. Copy of the signed SDM Forms 005 “Individual Membership Application” for each organization member.