

Square Dance Minnesota, Inc. 2022 – Membership Application

_____ Date

Last Name: _____ First Name: _____
 Address: _____ Month/Day of Birth: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____
 E-mail Address: _____
 *SDM dues paid through _____
 USDA insurance paid through _____
 Include my contact information in the SDM directory: Yes No
 Include my contact information in my organization directory: Yes No
 Send me SDM calendar and information updates: Yes No

 Signature

*Nonagenarian or Centennial Dancer _____, New Dancer _____

Last Name: _____ First Name: _____
 Address: _____ Month/Day of Birth: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____
 E-mail Address: _____
 *SDM dues paid through _____
 USDA insurance paid through _____
 Include my contact information in the SDM directory: Yes No
 Include my contact information in my organization directory: Yes No
 Send me SDM calendar and information updates: Yes No

 Signature

*Nonagenarian or Centennial Dancer _____, New Dancer _____

Youth Last Name	Youth First Name	Date of Birth (Month/Day/Year)
Youth Last Name	Youth First Name	Date of Birth (Month/Day/Year)
Youth Last Name	Youth First Name	Date of Birth (Month/Day/Year)

Fee: USDA: \$5.00 (insurance)	Number of members _____	x \$5.00	= \$ _____	
Fee: SDM: \$5.00 (dues)	Number of members _____	x \$5.00	= \$ _____	
Fee: SDM: \$0.00 (age 17 and under)	Number of members _____	x \$0.00	= \$ <u>0.00</u>	
Fee: SDM: \$2.00 (printed directory)	Number of directories _____	x \$2.00	= \$ _____	
Fee: Organization dues	Number of members _____	x \$ _____	= \$ _____	
		Total	\$ _____	