**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.

USDA: $5 (insurance) Number of members Click here to enter number. x $5.00 = $ Click here to enter total.

SDM: $5 (dues) 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)

*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” (one copy)
4. USDA “Club Members Insured Through A Different Club” (one copy)
5. Copy of the signed SDM Forms 005 “Individual Membership Application” for each organization member.