

Square Dance Minnesota, Inc.
Additional Insurance Documentation

Date: _____

Organization: _____ USDA Number: _____

Contact Name: _____ Title: _____

Contact Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ E-mail: _____

USDA: \$5 (insurance)	Number of members _____ x \$5.00 = \$ _____
SDM: \$5 (dues)	Number of members _____ x \$5.00 = \$ _____
SDM: \$0 (age 17 and under*)	Number of members _____ x \$0.00 = \$ <u>0.00</u>
SDM: \$3 (printed directory)	Number of directories _____ x \$3.00 = \$ _____
	Total \$ _____

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

Insurance paid through another organization: _____

Youth: _____

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. Include the USDA Insurance Number (it can be found on the latest insurance certificate). 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-Insurance 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.