Square Dance Minnesota, Inc.
Annual Insurance Documentation

Date: _____

Organization: _____ USDA Number: _____

Contact Name: _____ Title: _____

Contact Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ E-mail: _____

USDA: $6.50 (insurance)	Number of members _____ x $6.50 = $ _____
SDM: $5.50 (dues) (age 90+ exempt)	Number of members _____ x $5.50 = $ _____
age 17 and under - no fees due	**Number of members ____ x $0.00 = $ 0.00**
SDM: $3 (printed directory)	Number of directories ____ x $3.00 = $ _____
	Total $ _____

N.B. Enter the last name(s) for each category.
Insurance paid through another club/organization: _____
Youth: _____
age 90+: _____

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. Include the USDA Insurance Number (it can be found on the latest insurance certificate). All members of the organization must participate in the USDA Insurance Program for the organization to be covered under the liability policy. President/Chair 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-Insurance Director no later than October 31:

- This completed form
- Check payable to Square Dance Minnesota, Inc.
- USDA "Federation or Association Club Listing," (one copy)
- USDA "Club Roster," (one copy, signed by the organization president/chair)
- USDA "Club Members Insured Through A Different Club," (one copy)
- Copy of the signed SDM Form 005 "Individual Membership Application" for each organization member.