## **Square Dance Minnesota, Inc. 2026 – Membership Application**

Date _		•	11				
Fee: Fee: Fees: Fee: Fee: Total	USDA: \$ 6.50 (insurance) SDM: \$ 5.50 (dues)(age 90+ exempt) age 17 and under \$0.00 SDM: \$ 3.00 (printed directory) Organization (club) dues	Number of Number of Number of	members members directories	x \$ 5.50 x \$ 0.00 x \$ 3.00	0_= \$ = \$ = \$ = \$ = \$		
Last 1	Name	First Name:					
Address:		Month/Day of Birth:					
City:		State:	Zip Code	e:			
Cell I	Phone:	Home Phone: _					
	Check if change of any information						
*SDN	A dues paid through (organization/club na	me)					
USDA insurance paid through (organization/club name)							
Includ	de my contact information in the SDM dir	rectory:	Yes	No			
Include my contact information in my organization directory:			Yes	No			
Conta	act Person: act Phone Number: required for Nonagenarian or Centennial		_	_ Enter you	th on other side		
Last 1	Name:	First Name: _					
Addre	ess:		Month/Day	y of Birth: _			
City:		State:	Zip Code:	·			
	Phone:						
E-ma	il Address:						
*SDN	A dues paid through (organization/club na	me)					
USD	A insurance paid through (organization	n/club name)					
	de my contact information in the SDM dir						
Includ	de my contact information in my organiza	tion directory:	Yes	No			
	se of emergency, contact the person believed Person:				Signature		
Conta	act Phone Number:						
	required for Nonagenarian or Centennial			_ Enter you	th on other side		

Youth Dancers (age 17 years and under) – no fees due						
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)				
Youth Last Name	Youth First Name	Date of Birth (Month/Day/Year)				
Youth Last Name	Youth First Name	Date of Birth (Month/Day/Year)				

SDM Form 005

2

updated 7.15.2025