



**APPLICATION for NEW CLUB MEMBERSHIP or RENEWAL  
in the  
*Square and Folk Dance Federation of Washington***

**NEW** For Dance Year to

**RENEWAL**

**Club/Council Name:**

**City (Hall location):**

**Area Council:**

**INSTRUCTIONS**

1. Complete all entries and make 4 copies.
2. Club retains 1 copy.
3. Give 3 copies to Council
4. Council retains 1 copy.
5. Council submits 2 copies to M & I Chairman.

*PLEASE FILL IN ALL OF THE FOLLOWING INFORMATION FOR COUNCIL, FEDERATION RECORDS AND STATE DIRECTORY*

**President (Spouse):**

**Phone:**

**Address:**

**E-Mail:**

**Vice President (Spouse):**

**Phone:**

**Address:**

**E-Mail:**

**Secretary 1 (Spouse):**

**Phone**

**Address:**

**E-Mail**

**Secretary 2 (Spouse):**

**Phone:**

**Address:**

**E-Mail:**

**Treasurer (Spouse):**

**Phone:**

**Address:**

**E-Mail:**

**Delegate #1 (Spouse):**

**Phone:**

**Address:**

**E-Mail:**

**Delegate #2 (Spouse):**

**Phone:**

**Address:**

**E-Mail:**

**Caravan Chair. (Spouse):**

**Phone:**

**Address:**

**E-Mail:**

**Caller (Spouse):**

**Phone:**

**Address:**

**E-Mail**

**Cuer (Spouse):**

**Phone:**

**Address:**

**E-Mail:**

# APPLICATION for NEW CLUB MEMBERSHIP or RENEWAL in the *Square and Folk Dance Federation of Washington*

For Dance Year

to

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Hall Name:

Phone:

Address:

*THE FOLLOWING IS INTENDED TO DESCRIBE YOUR CLUB'S PROGRAM  
COMPLETE & CHECK ALL THAT APPLY*

**CLUB TYPE:**

**Pre-Teen:**      **Teen:**      **Adult:**      **Solo:**      **Family:**      **Traveling:**  
**Clogging:**      **Contra:**      **Other:**

**PROGRAM SQ DANCE:**

**Floor Level:**      **MS:**      **Plus:**      **A-1:**      **A-2:**      **Challenge:**

**PROGRAM RD DANCE:**

**St Rounds:**      **Intermediate:**      **Adv:**      **Cued: Yes:**      **No:**

**PROGRAM SCHEDULE:**

**September - May:**

**June - August:**

*CLUB FEDERATION AND COUNCIL DUES*

**Club or Council State Federation Dues:**

**(\$5.00 per Club or Council organization) .....**

**Club area Council Dues:**

**(Set by each Council and retained by them)**

**Set amount/club =**

**Or Number of Club Members**

**X amount**

**=**

**Make check payable to area council and submit with three copies of form to Council Treasurer**

**Total =**

With the filing of this membership form, the above named club agrees to abide by all rules and regulations as set forth by the Internal Revenue Service, the State of Washington and the Square and Folk Dance federation of Washington governing a Non-Profit Social Club.

Club Officer: \_\_\_\_\_ Council Officer: \_\_\_\_\_

INFORMATION BELOW TO BE FILLED IN BY COUNCIL AND STATE FEDERATION MEMBERSHIP/INSURANCE CHAIRPERSON

Date approved by Council:

Date received by M & I Chair:

Date accepted by State Federation (If New):