

A Cordial Invitation

is extended to you to become a member of
KANSAS SQUARE DANCE ASSOCIATION

Membership entitles clubs to publish their activities in KSDA publication, insurance, automatic membership in District organizations and representation at all District and State functions. Clubs have **NO** voting privileges at KSDA meetings.

PLEASE PRINT NAME

Club Name : _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number : _____ Phone Number : _____

Email : _____ Mail Club Copy to : _____

For Advertisement in Travel On magazine contact editor.ksda@gmail.com

I give KSDA permission to contact me at this email address for KSDA business

Check appropriate boxes

Initial Club Membership, **\$25.00** (or club renewals after January 31st)

Club Renewal, **\$20.00** (Due December 1st)



Information below to be filled out by KSDA Treasurer

Check # _____ Amount \$ _____

Date _____ Expires _____

Rev 7/09/2019

Make Check Payable To KSDA

Mail To: KSDA

P O Box 99

Hamilton, KS 66853-0099

Club Name: _____

Club Website: _____

Couples _____ x 2 = _____ + Singles _____ = Total Members _____

Total Number of dancers insured by other clubs _____ Dance Year or Season _____

_____ x \$2.00 per person = Insurance Payment \$ _____

President/Club Contact Name : _____

Home Phone : _____ Cell Phone : _____

Email : _____

Mailing Address : _____

Treasurer Name : _____

Home Phone : _____ Cell Phone : _____

Email : _____

Mailing Address : _____

Person preparing this document please Sign or print name, please include email or phone number if not listed above