



# ARIZONA FEDERATED SQUARE DANCERS

## APPLICATION FOR AFFILIATE MEMBERSHIP

Date of Application \_\_\_\_\_

Name of Club \_\_\_\_\_

Dance Location \_\_\_\_\_

Dance Level: ☐ MS ☐ Plus ☐ A1 ☐ A2 Rounds- ☐ Yes ☐ No

Incorporated: ☐ No ☐ Yes State- \_\_\_\_\_

IRS Non-Profit Status: ☐ No ☐ Yes, as a 501 (c) \_\_\_\_\_

Website- ☐ No ☐ Yes URL- \_\_\_\_\_

Club eMail Address- \_\_\_\_\_

President- \_\_\_\_\_

Phone- \_\_\_\_\_ eMail- \_\_\_\_\_

Vice-President- \_\_\_\_\_

Phone- \_\_\_\_\_ eMail- \_\_\_\_\_

Secretary- \_\_\_\_\_

Phone- \_\_\_\_\_ eMail- \_\_\_\_\_

Treasurer- \_\_\_\_\_

Phone- \_\_\_\_\_ eMail- \_\_\_\_\_

*List additional Officers on the back of this page.*

**CLUB ROSTER** ENROLLMENT FOR THE YEAR \_\_\_\_\_

CLUB NAME: \_\_\_\_\_

USDA NUMBER: \_\_\_\_\_(leave blank if you do not know it.)

NAME OF DANCER	NAME OF DANCER

In accordance with the long-established requirements of the USDA Insurance program and our insurance underwriters – All members of the club must participate in the United Square Dancers of America Insurance Program for the club to be covered under the liability policy. Please acknowledge compliance with this requirement by signing and returning this form:

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Number of Club Members this Page** \_\_\_\_\_

## ROSTER OF CLUB MEMBERS INSURED THROUGH ANOTHER CLUB

CLUB NAME: \_\_\_\_\_

USDA NUMBER: \_\_\_\_\_ (leave blank if you do not know it.)

ENROLLMENT FOR THE YEAR \_\_\_\_\_

[illegible]

# REQUEST FOR CERTIFICATE (Liability Insurance)

Please TYPE OR PRINT with pen.

**LOCATION..** means the name of the actual Location of the dance. State complete address: street, city, state and zip code.

**NAME OF THE ADDITIONAL INSURED...** means the owner or organization of owners who wants their names added to your liability insurance. Normally this differs from the name of the facility being used or the location of that facility.

**DATE [s] ...** means special dance date. "Example: Every Sat. in 20xx is O.K."

.....

**Location of Event:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name(s) of Additional Insured:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**List of Buildings Used:** \_\_\_\_\_

\_\_\_\_\_

**Date and Time of Event:** \_\_\_\_\_

**Type of Event:** \_\_\_\_\_

**Requested by:** Arizona Federation of Square Dancers **Date:** \_\_\_\_\_

**Club Name:** \_\_\_\_\_

**Name of Person Requesting:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## COMPLETION INSTRUCTIONS:

**PLEASE MAIL ALL COMPLETED FORMS TO:**

**DIANE VAN STRAATEN, AFSD Secretary  
11164 E RENFIELD AVE  
MESA, AZ 85212**

**OR, YOU CAN SCAN TO PDF DOCUMENT AND EMAIL TO:**

**ArizonaFederated@gmail.com**

**If you are applying to be a Charter Member, then this must be received prior to October 1, 2024**

**Do NOT send cash or check with these documents, we will send you a bill, checks must be made out to AFSD, as all payments to USDA must be from the Federation account.**

**Thank you for your participation, and we sincerely hope we can be of assistance to the success of your club.**