

Approximate number of Dancers in your club _____

Address where your club dances _____

Name of your association or federation _____

Number of clubs in your association or federation _____

Is your club interested in purchasing insurance Yes No

Name, address, phone number and E-MAIL of your insurance chairperson _____

**PLEASE ENCLOSE \$6.00 FOR YOUR ANNUAL DUES WITH THIS APPLICATION.
DUES FOR RENEWAL ARE DUE **SEPTEMBER FIRST** OF EACH YEAR.
MAKE CHECKS PAYABLE TO MCSRDC AND MAIL OR DELIVER TO:**

JOANNE BEAK, CORRESPONDING SECRETARY
8086 LAMPLIGHT DRIVE
JENISON, MI 49428

If you have already paid your dues for this year please give this form to another club so that they may join the Michigan Council. Thank you!