



Michigan Council of
SQUARE & ROUND DANCE CLUBS



MEMBERSHIP REGISTRATION FORM DATE _____

DANCE YEAR 2010-2011

PLEASE PRINT INFORMATION

New Application _____ Renewal of Membership _____ Changes of Information _____

NAME OF ORGANIZATION: _____

DANCE LOCATION: _____

DANCE ADDRESS: _____ CITY _____

DANCE WEEK, DAY AND TIME: _____

CLUB E-MAIL _____

CLUB WEB PAGE: _____

Square Dance Program (check) Mainstream ____, **Plus** ____, **DBD** ____, **A1** ____, **A2** ____, **C1** ____,
C2 ____, **C3** ____, **C3-A** ____, **C3-B** ____, **C4** __.

Round Dance Program (check) BASIC TEACH ____, **II** ____, **III** ____, **IV** ____, **V** ____, **VI** __,

Contra Dance: _____

NAME OF CALLER: _____

NAME OF CUER: _____

NAME OF CLUB PRESIDENT: _____

STREET ADDRESS: _____

CITY AND STATE: _____

PHONE _____ E-MAIL: _____

*NAME OF DELEGATE: _____

STREET ADDRESS _____

CITY AND STATE: _____

PHONE _____ E-MAIL: _____

NAME OF ALTERNATE: _____

STREET ADDRESS: _____

CITY AND STATE: _____

PHONE _____ E-MAIL: _____

NAME OF YOUR ASSOCIATION: _____

IS YOUR CLUB INTERESTED IN PURCHASING INSURANCE? Yes___ No___

NAME OF INSURANCE CHAIRPERSON: _____

STREET ADDRESS: _____

CITY AND STATE: _____

PHONE _____ E-MAIL: _____

PLEASE ENCLOSE \$6.00 FOR YOUR ANNUAL DUES WITH THIS APPLICATION. DUES FOR RENEWAL SHOULD BE SUBMITTED BY SEPTEMBER FIRST OF EACH YEAR.

MAKE CHECKS PAYABLE **TO MCSRDC** AND MAIL OR DELIVER TO:

JERRY AND PAT BEBERNICK (corresponding secretary)
36884 LODGE DRIVE
STERLING HEIGHTS, MICH 48312
jbebernick@aol.com

PLEASE NOTE: This is an updated form and please fill in all information that is requested.

Due to mailing costs we are recommending your club have an e-mail contact. Thank You.

- NOTE THAT ALL CORRESPONDENCE GOES FIRST TO DELEGATE OR SECOND TO DESIGNATED CLUB E-MAIL ADDRESS.

PLEASE CHECK THE MICHIGAN COUNCIL WEB SITE FOR ANY ADDITIONAL FORMS.