

# METROPOLITAN CHICAGO ASSOCIATION OF SQUARE DANCERS

(APPLICATION MUST BE RETURNED BY MAY 15, 2004)

## CLUB REQUIREMENTS FOR MEMBERSHIP IN MCASD

1. Each member Club must have at least one delegate or alternate in attendance at each of the three (3) General Meetings held each year. A Club may be allowed to miss one (1) meeting per year without being subject to discipline.
2. Each member Club must work at one (1) of the Association fund raising events or host one (1) of the New Dancer Dances held each year
3. Member clubs must not schedule a dance which conflicts with any of the Association fund raising events
4. Each Club must participate in the Association Insurance Program or furnish proof of insurance from another source.

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CLUB NAME

Hereby agrees to abide by the above MCASD Requirements of Membership.

Signed: \_\_\_\_\_

Authorized Signature & Office Held

Some of the same information may be requested on more than one of the following pages. This is due to the nature of the forms and the people they are distributed to. Please supply the information everywhere it is requested

All 4 pages of this packet must be **received by MAY 15, 2004**. If you have not elected officers for the 2004-2005 dance season, please supply the current officers/delegates. You can submit changes as they occur.

Membership dues = \$40 Insurance = \$35 Make check (either \$75 or \$40) payable to MCASD. Be certain that your club name appears somewhere on the check

Send all to

Jim & Vi Bailey  
9636 S Kilbourn  
Oak Lawn IL 60453

Call Jim or Vi at (708) 636-7546 if you have any questions.

Metropolitan Chicago Association of Square Dancers  
MEMBERSHIP FORM  
August 1, 2004—July 31, 2005

Club Name \_\_\_\_\_ Dance Level \_\_\_\_\_

Dance Location \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Address, City, Zip \_\_\_\_\_

Club President \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Delegate 1 \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Delegate 2 \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

The IRS requires that we provide them with a current list of club contacts (registered agents). See enclosed explanation of a registered agent and supply the information here:

Registered Agent \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Is your club incorporated? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you want MCASD insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Metropolitan Chicago Association of Square Dancers  
INSURANCE FORM  
August 1, 2004—July 31, 2005

Club Name _____	
Authorized name _____	Phone _____
Address _____	Email _____ @ _____
City, ST, Zip _____	

Please complete EITHER PART "A" or PART "B"

<b>PART "A"</b>	
The above Club wishes to take its liability insurance through MCASD group policy at a cost of \$35.	
Date _____	Authorized signature & office held _____

<b>PART "B"</b>	
The above club <u>does not wish</u> to take this liability insurance through MCASD group policy.	
The Club now has insurance with:	
Company _____	
Policy # _____	Coverage dates _____ to _____
Date _____	Authorized signature & office held _____

Metropolitan Chicago Association of Square Dancers  
SUPPLEMENTAL INFORMATION FORM  
August 1, 2004 — July 31, 2005

Club name \_\_\_\_\_

Dance level: \_\_\_ Mainstream \_\_\_ Plus \_\_\_ Advanced \_\_\_ Challenge

Club Membership	Couples	Singles	Youths
Accepted for membership ___Y___N	___Y___N	___Y___N	___Y___N (minimum age) _____
Expected # of members # _____	# _____	# _____	

Regular Dance Schedule (circle) 1st 2nd 3rd 4th 5th  
Mon Tues Weds Thurs Fri Sat Sun

Time: Rounds @ \_\_\_\_\_ Squares @ \_\_\_\_\_ Line dancing @ \_\_\_\_\_

Caller(s) \_\_\_\_\_ Cues(s) \_\_\_\_\_

Lessons: \_\_\_ No \_\_\_ Yes Joint lessons with \_\_\_\_\_

Beginning on (day) \_\_\_\_\_ (date) \_\_\_\_\_ (time) \_\_\_\_\_ # of lessons \_\_\_\_\_

Lesson location \_\_\_\_\_ Caller \_\_\_\_\_

Lesson chairperson(s) Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

Special Ticket Dance 1 Theme \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_

Caller(s) \_\_\_\_\_ Cues(s) \_\_\_\_\_

Special Ticket Dance 2 Theme \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_

Caller(s) \_\_\_\_\_ Cues(s) \_\_\_\_\_