Metropolitan Chicago Association of Square Dancers Membership Club Information Form August 1, 2024 – July 31, 2025

Club Name:		, taga.				Incorporated	: 🗌 Yes 🗌 No
Dance Level:	SSD	Mainstream	E F	Plus	Adv:	anced	Challenge
Regular Dance S	Schedule:	(check the appropriate	e answers) 1 st	2 nd] 3 rd] 4 th [] 5 th
				1on 🗌 Tue []Wed	Thu 🗌 Fri 🗌 S	Sat 🔲 Sun
Dance Start Tim	e:	PM Dance Type:	🗌 Squa	res 🗌 Round	ls 🗌 Lines	S Alternating	
Dance Location	:						
Address, City, Zip	D						
Emergency Phon	ne #:	Website:					
Club Membership							
# Couples:		# Singles:		# Youth:		Total	Membership:
Club President:							
Name:							
Address:							
Phone:			Email:	@			
Delegate:							
Name:							
Address:							
Phone:			Email:	@			
Delegate:							
Name:							
Address:							
Phone:			Email:	@			
Registered Agent: (required by the IRS) An explanation can be found in MCASD Handbook							
Name:							
Address:							
Phone:			Email:	@			
Lessons: 🗌 Yes	s 🗌 No (If y	es, complete below)					
Day:		Start Date:			Time:	PM	# Lessons:
Location:						Instructor:	
	Phone Number:						Email:@