

To: Club President, March 2017

FROM: Bill Neurauter, MCASD Insurance Coordinator
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SUBJECT: MCASD Membership Renewal and Dance Club Liability Insurance Renewal

Once again, it is time for MCASD Clubs to renew their MCASD membership, report their Delegates to the MCASD Board of Directors for fiscal year 2017-2018, and apply for renewal of club membership and their liability insurance coverage for 2017-2018 as needed.

Please remember to encourage dancers to attend the State Square Dance Convention in July. Every club's liability insurance premium is subsidized with profits from this convention. Without the State Square Dance Convention, no club could purchase liability insurance for only \$35, Rev.\$5.

All completed forms must be returned to the MCASD Insurance Coordinator no later than May 15, 2017 by email or regular mail.

Checks are to be mailed the MCASD Treasurer along with the Check Deposit Form. Checks are payable to MCASD for either \$5 for membership only or \$10 for membership and insurance.

Attached are the forms every Club needs to complete.

- (1) MCASD 2017-2018 Membership Application (Page1).
- (2) MCASD 2017-2018 Membership Application form - Dance Schedule, Club Membership, Club President, Delegates to MCASD, Registered Agent, Lesson Schedule (Page2)
- (3) SCISDA 2017-2018 Club Membership Application (Club 2017-2018 Liability Insurance Application) Form listing President & Alternate Contact, Addresses, Phone #'s & Email Addresses & Club Dance Schedule.
- (4) MCASD Check Deposit Form 2017-18. (Mail a copy with your check to the Treasurer and email a copy of the form to Bill Neurauter.)
- (5) Synopsis of the insurance policy(a PDF File).
- (6) Club Membership List - the name of every dancer with contact information.

NOTE:

- (1) MCASD Delegates Director Appointees Your director appointees will take office in September this year.
- (2) Please feel free to email any or all of these forms to me accept the Check. (See #4 above)
- (3) Mail the Check to the treasurer with the Check deposit form and a copy of deposit form to Bill Neurauter.

If you have any questions or concerns, please contact me. I welcome the opportunity to be of service.

Bill Neurauter
MCASD Insurance Coordinator

Revised 3/18/17