

**Club 2017 - 2018 Membership & Liability Insurance Application**

We, the members of the \_\_\_\_\_ Club hereby apply for Liability Insurance coverage through the State Council of Illinois Square Dance Associations group policy. We understand that is not Accident Insurance. (Refer to the outline of coverage.)

**We belong to the following Association/Federation:**

|                           |                   |             |
|---------------------------|-------------------|-------------|
| _____ Illinois Federation | _____ B N B's     | _____ MCASD |
| _____ NISDA               | _____ Quad Cities | _____ RRADA |
| _____ PASDA               | _____ SWIASRDC    |             |

**We have \_\_\_\_\_ couples and \_\_\_\_\_ singles for a total of \_\_\_\_\_ members.**

**Our advertised club level is:** \_\_\_\_\_  
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**Our regular dances are held on:** \_\_\_\_\_

**Our regular dances are held at:**

**Address:** \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

**Our dance lessons are held on:** \_\_\_\_\_

**Our dance lessons are held at:**

**Address:** \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

**Club President:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Alternate Club Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_