



Associate Membership

Name: _____ Date: _____

I would like to be an Associate Member in the Folk Dance Federation of California, South, Inc.

Check one: Individual Organization

Individual or Contact Person for Organization

Name: _____

Address: _____

City, State, Zip _____

Phone: _____ Email: _____

Organization Information (if this is an organization membership)

Organization: _____

Exhibition group: Yes No

Address: _____

City, State, Zip _____

Phone: _____ Email: _____

Payment

Do you want a Federation Membership Directory? (check if yes)

Do you want Council Meeting Minutes by email? (check if yes)

Annual Membership Dues \$ 10.00

Subscription to *Folk Dance Scene* magazine (\$18.00) \$ _____

Or *Folk Dance Scene* delivered by email (only \$10.00) \$ _____

Here is my tax-deductible donation to the Federation \$ _____

Total enclosed \$ _____

Please **email** this filled out form to me, and send a check payable to **Folk Dance Federation of California, South**, to:

Bob Altman, Membership
Folk Dance Federation of California, South, Inc.
5773 Centerstone Ct
Westminster, CA 92683
Email: rdaltman@gmail.com