

Membership Roster

Club name: _____

You **MUST** sign and return this page!

Your Club is not required to pay to insure any member whose insurance premium is paid by another Club in the Federation. On this membership roster, list all club members. Identify each member whose insurance will be paid by another Federation Club, and state the name of that Club. Please coordinate with the other club leaders regarding who is paying the member's insurance.

In accordance with the long established requirements of the Insurance program and our insurance underwriters, all members of the club must participate in the Insurance Program for your club to be covered under the liability policy.

Please acknowledge compliance with this requirement by signing this form:

X

Signature of club officer Title Date

Some guidelines to help Julith deal with the names that she has to send to the insurance company:

1. Obviously, write legibly. Optimally, do it on the computer and send a print-out.
2. Please alphabetize by LAST NAME.
3. Please indicate the other club for members covered by other clubs.

Club members covered by your insurance:

Club members covered by other clubs:

| Name: | Other club: |
|-------|-------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
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Please attach additional pages as needed

