

Membership Roster

(Signature Page)

Club name: _____

Note: You can ignore this page and the membership roster if you do not purchase your insurance through the Federation.

If you are purchasing insurance with your Federation membership then you **MUST** print, sign, and return **this page**, along with your check (made out to Folk Dance Federation) for the total amount due, to:

Bob Altman
Membership Chairman
5773 Centerstone Ct
Westminster, CA 92683

Email: rdaltman@gmail.com

You are encouraged to email everything else to us, including the membership roster. Of course, you can still fill everything out on paper and take it to the post office.

All members of the club must participate in the Insurance Program for your club to be covered under the liability policy. 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.

Please acknowledge compliance with this requirement by signing this form:

Name of club officer	Title	Date

x

Signature of club officer

