

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

Membership Roster

Club name: _____

You can use this form if you wish, or attach your own roster. But please follow these 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 email it or 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:

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____
16	_____
17	_____
18	_____
19	_____
20	_____

Club members covered by other clubs:

Name:	Other club:
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____
16	_____
17	_____
18	_____
19	_____
20	_____

Membership Roster (continued)

Club name: _____

Club members covered by your insurance:

- 21 _____
- 22 _____
- 23 _____
- 24 _____
- 25 _____
- 26 _____
- 27 _____
- 28 _____
- 29 _____
- 30 _____
- 31 _____
- 32 _____
- 33 _____
- 34 _____
- 35 _____
- 36 _____
- 37 _____
- 38 _____
- 39 _____
- 40 _____

Club members covered by other clubs:

Name:	Other club:
21 _____	_____
22 _____	_____
23 _____	_____
24 _____	_____
25 _____	_____
26 _____	_____
27 _____	_____
28 _____	_____
29 _____	_____
30 _____	_____
31 _____	_____
32 _____	_____
33 _____	_____
34 _____	_____
35 _____	_____
36 _____	_____
37 _____	_____
38 _____	_____
39 _____	_____
40 _____	_____

Please attach additional pages as needed