

# KANSAS SQUARE DANCE CALLERS ASSOCIATION

## Membership Application and Activities Report Form

[KSDCA.WeSquareDance.com](http://KSDCA.WeSquareDance.com)

**Name:**  
**Address:**  
**City, State, Zip:**

**Spouse:**  
**Phone:**  
**Email:**

I will use Email for official communications:  X .  
 Please list me in the following KSDCA web listing  X , Travel On  X , Membership Roster  X .

**District:**

Check One
Renewal: <input type="checkbox"/>
New Member: <input checked="" type="checkbox"/>

Type of Membership:	Caller: <input type="checkbox"/>	Active: <input type="checkbox"/>	Associate: <input type="checkbox"/>	Grandfather: <input type="checkbox"/>
Check all Appropriate Boxes.	Cuer: <input type="checkbox"/>	Active: <input type="checkbox"/>	Associate: <input type="checkbox"/>	
	Instructor Clogging: <input type="checkbox"/>	Active: <input type="checkbox"/>	Associate: <input type="checkbox"/>	
	Instructor Line Dance: <input type="checkbox"/>	Active: <input type="checkbox"/>	Associate: <input type="checkbox"/>	
		(\$20.00)	(\$10.00)	

Member of: Callerlab:  Roundalab:  Contralab:  American Callers Association:  BMI & ASCAP:   
 National Teachers Association of CW:  Other: \_\_\_\_\_

Every Active Member, every year unless Grandfathered, is required to list a minimum of 8 dances in a 12 month period with 4 of those within the state of Kansas. If you want Active status in more than one category, you must list your qualifications for each one. Attachments are OK. See Constitution for more information.

Club Name:	City, State:	Avg. No. of Dancers/Night	Dancing Level	Times/Yr
_____	_____	_____	_____	/
_____	_____	_____	_____	/
_____	_____	_____	_____	/
_____	_____	_____	_____	/
_____	_____	_____	_____	/
_____	_____	_____	_____	/
_____	_____	_____	_____	/
_____	_____	_____	_____	/

(Continue on Reverse or Attach a sheet if desired)

List below the **Classes** you taught during the past year:

Club Name:	City, State:	Avg. No. of Dancers/Night	Dancing Level	Times/Yr
_____	_____	_____	_____	/
_____	_____	_____	_____	/
_____	_____	_____	_____	/

I certify that I currently hold an ASCAP/BMI license (Active only) and will continue to hold one through this membership year and the above information is true and correct. Signature or Typed Name (Electronic submission) is required below:

**Signature:**

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**For New Active Member and Upgrade to Active applicants only:**  
 I have been calling/cueing/prompting for \_\_\_\_\_ years. The Callers/Cuers listed below have knowledge of my qualifications and will speak in favor of this upgrade:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Add any additional information you care to make concerning your qualifications on back and check here :