

KANSAS SQUARE DANCE CALLERS ASSOCIATION
Membership Application and Activities Report Form
KSDCA.WeSquareDance.com

Name: _____

Spouse/Partner _____

Due by Jan 31, 2023

Address: _____

Home Phone: (____) ____-____

Renewal: ()
New Member: ()

City, State, Zip: _____

Cell Phone: (____) ____-____

Email: _____

I will use Email for official communications: () District: "BLUE" () "BLUE NEKSDCA" () "BLUE-Out of State" ()
"GOLD" () "GOLD WASDCA" () "GOLD-Out of State" ()
"GOLD WEST" () "OUT-OF-STATE" ()

Please list me in the following KSDCA web listing (), Travel On (), Membership Roster ()

Type of Membership: Caller: () Active: () Associate: () Grandfather: () Honorary: ()
Check all Appropriate Cues: () Active: () Associate: () (\$20.00)
Boxes. Clogging: () Active: () Associate: ()
Line Dance: () Active: () Associate: ()
Contra: () Active: () Associate: ()
(\$20.00) (\$10.00)

Member of: CALLERLAB: () ROUNDALAB: () CONTRALAB: () American Callers Association: ()
National Teachers Association of CW: () Other: _____ BMI/ASCAP: ()

All Active Members, unless grandfathered/honorary are 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. Use attachments if necessary. See Constitution for more information.

Table with 5 columns: Club Name, City, State, Average # Dncrs., Level, Times/Yr. Includes a section for Classes Taught.

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 is required below:

Signature: _____ Date: ____/____/____

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. []
Or create a new document and send.

THIS FORM WILL BE COMPLETED YEARLY AND SUBMITTED WITH DUES, Active \$20, Associate \$10, Grandfather \$20 TO THE KSDCA SECRETARY, NO LATER THAN JANUARY 31, 2023 Revised (Oct 2020) Rev#1