2024 HEART OF AMERICA FEDERATION CLUB ROSTER/NEW MEMBERS

USDA INSURANCE TOTAL (January 1 through December 31)

Please Insure …….. ***Club Members X $5.25 = $*** ……. ***($50.00 minimum)***

When complete, please send with check or money order to Federation Treasurer, payable to Heart of America Federation of Square Dance Clubs (HOAFOSDC) by October 15th, 2022. Send or email copy to: HOAF Corresponding Secretary/Insurance Coordinator. ***When adding additional new members please use this form.***

CLUB NAME: ……..… **DATE:** ……..

If using Excel Listing, please make corrections as needed.

List the Names (last name first), addresses (including Street, Blvd, Avenue, etc), phone # and email (Must have Street, Blvd, Avenue, etc) of Your Club Members as currently listed. Thank you.

	Y = Youth Under 18	Fed Card N = New. R = Renew, O = Other	# for Insurance 1 or 2, or O = Other Club
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Total Number of Youth Total for Insurance	…….		……