

UNITED SQUARE DANCERS OF AMERICA



Application for Affiliate Membership



The _____
Name of Organization

Representing dancers in _____
State, Area, Region

Hereby applies for Affiliate Membership in the UNITED SQUARE DANCERS OF AMERICA, INC. (USDA).

We are a State: Region: Area: organization.

We represent _____% of the dancers in our state.

Our voting members are: (check appropriate space/s)

- Individual Dancers
- Associations, Federations, Councils, etc.
- Clubs

We represent: (give number in each space)

- ___ Individual dancers
- ___ Associations, Federations, Councils, etc.
- ___ Clubs

We are a non-profit organization: Yes No

Pursuant to USDA Standing Rule No 4, we understand that we qualify for one of the following: (check applicable space)

	Dues	Directors	Votes
<input type="checkbox"/>	\$100	4	4
<input type="checkbox"/>	\$ 75	3	3
<input type="checkbox"/>	\$ 50	2	2
<input type="checkbox"/>	\$ 25	1	1

Signed _____ Date _____
(President)

Signed _____ Date _____
(Secretary)

Return completed Application for Affiliate Membership to the Vice President of the USDA Region from which application originated together with copies of the following applicant's documents:

- Resolution (USDA Form 002)
- Constitution (if any)
- Check for Dues
- Roster of Organization Officers and Delegates to USDA Board of Directors.
- Articles of Incorporation (if any)
- Bylaws and Standing Rules
- Map showing organizational boundaries

(Include names, addresses, city, state, zip, area code, phone numbers & e-mail addresses)

UNITED SQUARE DANCERS OF AMERICA

Affiliate Membership

Application

Resolution



Live Lively -



Square Dance!

Whereas; The members of the : _____

Name of Organization

Have voted to apply for Affiliate Membership in the UNITED SQUARE DANCERS OF AMERICA, INC. (USDA) and now, therefore be it

Resolved; That the _____

Name of Organization

Does herewith submit its application for Affiliate Membership in the UNITED SQUARE DANCERS OF AMERICA, INC. and

Resolve; That the _____

Name of Organization

Agrees to abide by the Bylaws, the Standing Rules, the Code of Ethics, and the Code of Conduct of the UNITED SQUARE DANCERS OF AMERICA, INC. as written or as may be amended

Signed _____ Date _____
(President)

Signed _____ Date _____
(Secretary)

UNITED SQUARE DANCERS OF AMERICA

Affiliate Membership Application

Roster of Officers



ENTER YOUR AFFILIATE NAME ON THE ABOVE LINE

To help USDA keep its records up to date you must complete and return this form along with your Membership Application, and Dues Payment. Please make a copy of this form to update us after your election of officers. (This form is also available on the USDA web site under About USDA, then Documents.) Thank you for your cooperation.

Month you elect officers: _____ Official Affiliate Web Page: _____

Number of Clubs & Dancers in your Organization? Clubs: _____ Dancers: _____

PLEASE TYPE OR PRINT

President Address _____ City _____ State _____ Zip _____	Telephone _____ Cell Phone _____ Email _____
Vice President Address _____ City _____ State _____ Zip _____	Telephone _____ Cell Phone _____ Email _____
Secretary Address _____ City _____ State _____ Zip _____	Telephone _____ Cell Phone _____ Email _____
Treasurer Address _____ City _____ State _____ Zip _____	Telephone _____ Cell Phone _____ Email _____
Insurance Address _____ City _____ State _____ Zip _____	Telephone _____ Cell Phone _____ Email _____
Webmaster Address _____ City _____ State _____ Zip _____	Telephone _____ Cell Phone _____ Email _____
USDA Delegate Address _____ City _____ State _____ Zip _____	Telephone _____ Cell Phone _____ Email _____
USDA Delegate Address _____ City _____ State _____ Zip _____	Telephone _____ Cell Phone _____ Email _____
USDA Delegate Address _____ City _____ State _____ Zip _____	Telephone _____ Cell Phone _____ Email _____

Dues Payment Must Accompany Membership Application