

UNITED SQUARE DANCERS OF AMERICA



Application for Associate Membership



The _____
Name of Organization

Representing dancers in _____
City, State, Area, Region

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

We are a State: Region: Area: Club: organization.

A Requirement to become an Associate Member of USDA, your Organization Must Belong to an USDA Affiliate. Our Group is a Member in Good Standing of the Following USDA Affiliate Member Organization.

Name of USDA Affiliate Organization

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 5, we understand that as an Associate Member of USDA we are required to pay Annual dues of \$25 with No Voting Rights

Signed _____ Date _____
(President)

Signed _____ Date _____
(Secretary)

Return completed Application for Associate 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 002A)
- Constitution (if any)
- Check for Dues
- Roster of Organization Officers and Delegates to USDA Board of Directors.
(Include names, addresses, city, state, zip, area code, phone numbers & e-mail addresses)
- Articles of Incorporation (if any)
- Bylaws and Standing Rules
- Map showing organizational boundaries

UNITED SQUARE DANCERS OF AMERICA

Associate Membership

Application Resolution



Whereas; The members of the _____
Name of Organization

Have voted to apply for Associate 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 Associate 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

Associate Membership

Application

Roster of Officers



Live Lively -



Square Dance!

ENTER YOUR ORGANIZATION NAME ON THE ABOVE LINE

To help USDA keep its records up to date you must complete and return this form along with your Associate 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 Web Page: _____

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

PLEASE TYPE OR PRINT

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

Dues Payment Must Accompany Membership Application