



CROSS TRAILERS SQUARE DANCE CLUB

☐ New ☐ Renewal

MEMBERSHIP APPLICATION 2024-2025 Applications & Money due by **Sept. 1, 2024.**

Name(s): _____ Under 18? Yes _____ No _____ Birthday (mm/dd) _____

_____ Under 18? Yes _____ No _____ Birthday (mm/dd) _____

_____ Under 18? Yes _____ No _____ Birthday (mm/dd) _____

_____ Under 18? Yes _____ No _____ Birthday (mm/dd) _____

Anniversary (mm/dd) _____

Address: _____ City / State: _____

Zip +4: _____ (Must have all 9 digits) ZipCodeLookup/USPS (tools.usps.com/zip-code-lookup.htm)

List any Phone #'s and Email addresses that you would like to use on the Club Roster.

Phone(s): (Home) _____ (Cell) His _____ (Cell) Hers _____

Email: Family _____ His _____ Hers _____

EMERGENCY CONTACT:

Name: _____ Phone: _____

Address: _____

Insured through another Club other than Cross Trailers & MO Federation? Yes ☐ No ☐

If YES, **name of Club** where you are insured: _____

The club you pay insurance through MUST be covered by USDA. If not, you will be asked to pay the USDA insurance here.

All Fees Subject to Change

USDA insurance is **mandatory** but only with one (1) club. **ALL DANCERS** must have insurance regardless of age.

*Insurance: (If insured by another club = \$0)

\$5.50 x _____ Dancer(s) = \$ _____

*Club Fees: (Dancers under 18 yrs of age pay **NO** Club Fees)

\$55.00 x _____ Adult(s) = \$ _____

*Badge (Magnetic):

\$10.50 x _____ Badge(s) = \$ _____

TOTAL DUE: \$ _____

→ ☐ Check # ☐ Cash ☐ Other

Make checks payable to **CROSS TRAILERS.**

→ Mail Application/Check to: Robert & Glenda Cummins, PO Box 284, Drexel, MO 64742

**Name(s) on Badge(s): (If ordering)

City / State: (Use back of form if necessary.)

I/We, the undersigned applicant(s), do hereby submit this Application to the Cross Trailers Square Dance Club for membership and agree to abide by the By-Laws and Rules of Square Dancing, as made by the Executive Committee.

Applicant(s) Signature(s): _____ Date: _____