Square Dance Minnesota, Inc. 2025 – Membership Application

Date						
Last Na	ame Fi	st Name:				
Address: Month/Day of Birth:			Birth:			
City: _		State:	Zip Code	e:		
Cell Ph	one: Hon	ne Phone:			-	
E-mail	Address:				_	
SDM d	ues paid through (organization/club name)					
USDA	insurance paid through (organization/clul	name)				
Include	my contact information in the SDM directory	/:	Yes	No		
	my contact information in my organization d	-				
Send m	e SDM calendar and information updates:		Yes	No		
C	heck if change of any information.					
In case	of emergency, contact the person below:			Signature		
	t Person:					
	Contact Phone Number:					
*Not re	equired for Nonagenarian or Centennial Dance	er, or Nev	w Dancer	Enter youth on othe	r side)	
Last Na	ame: I	First Name: _			_	
Addres	Address: Month/Day of Birth:					
City: _	S	State:	Zip Code:			
Cell Phone: Home Phone:						
E-mail Address:						
SDM dues paid through (organization/club name)						
USDA insurance paid through (organization/club name)						
Include my contact information in the SDM directory: YesNo						
Include my contact information in my organization directory:Yes No						
Send me SDM calendar and information updates:YesNo						
					Signature	
	of emergency, contact the person below:					
	t Person:					
	t Phone Number:		D	(F.) 1 1	.1.	
*Not re	equired for Nonagenarian or Centennial Dance	er, or Nev	w Dancer	_(Enter youth on othe	r side)	
Fee:	USDA: \$_5.50 (insurance)			x \$ _ 5.50_= \$ _		
Fee: Fees:	SDM: \$_5.50 (dues)(age 90+ exempt) USDA and SDM \$0.00 (age 17 and under)			x \$ _5.50_ = \$_ x \$ 0.00 = \$_		
Fee:	SDM: \$_3.00 (printed directory)			x = 0.00 = 5		
Fee:	Organization dues Total	Number of	f members	x \$= \$		
	10tai			\$		

Youth Dancers					
Youth Last Name	Youth First Name	Date of Birth (Month/Day/Year)			
Youth Last Name	Youth First Name	Date of Birth (Month/Day/Year)			
Youth Last Name	Youth First Name	Date of Birth (Month/Day/Year)			
Youth Last Name	Youth First Name	Date of Birth (Month/Day/Year)			
Youth Last Name	Youth First Name	Date of Birth (Month/Day/Year)			

SDM Form 005

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updated 7.21.2024