Folk Dance Federation of California, South, Inc.

Associate Membership

Name: _____

I would like to be an Associate Member in the Folk Dance Federation of California, South, Inc.

Check one: ○ Individual ○ Organization

Individual or Contact Person for Organization

Name: _____

Address: _____

City, State, Zip _____

Phone: _____ Email: _____

□ Yes, list me as a teacher. Specialties: _____

Organization Information (if this is an organization membership)

Organization: _____

Exhibition group: ○ Yes ○ No

Address: _____

City, State, Zip _____

Phone: _____ Email: _____

Payment

Do you want a Federation Membership Directory? □ (check if yes)
Do you want Council Meeting Minutes by email? □ (check if yes)

Annual Membership Dues	$ 10.00
Subscription to *Folk Dance Scene* magazine ($18.00)	$ _____
Or *Folk Dance Scene* delivered by email (only $10.00)	$ _____
Here is my tax-deductible donation to the Federation	$ _____
Total enclosed	$ _____

✕ _____ _____

Signature Date

Please send this form, along with a check payable to **Folk Dance Federation of California, South**, to:

Rick Bingle, Treasurer
Folk Dance Federation of California, South, Inc.
120 E. Juanita Ave.
Glendora, CA 91740