



# Associate Membership

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_

## 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** \$ \_\_\_\_\_

Please **email** this filled out form to me, and send a check payable to **Folk Dance Federation of California, South**, to:

Bob Altman, Membership  
Folk Dance Federation of California, South, Inc.  
5773 Centerstone Ct  
Westminster, CA 92683  
Email: rdaltman@gmail.com