

Folk Dance Federation of California, South, Inc.

NEW MEMBER

Request for insurance for a new member joining after initial annual enrollment.

Club Name _____

1. Name of new member _____

Date joined _____

2. Name of new member _____

Date joined _____

3. Name of new member _____

Date joined _____

4. Name of new member _____

Date joined _____

Name of person completing form _____

Club Office _____

Signature of person completing form _____

Today's date _____

The cost is **per person.**

Please send this completed form with a check to:

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