

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

\_\_\_\_\_  
Last name His (first) Hers (first) Teen name (age 17 and under)

\_\_\_\_\_  
Address City State Zip Code

\*\* ☐ Check if New Address

(\_\_\_\_\_) \_\_\_\_\_  
Phone E-mail address Club affiliation (*this club*)

Can e-mail address be printed in the Directory \_\_\_\_ (Y/N) *note- if this is not filled in, "yes" is assumed*

OR is there any information you wish with-held from the directory? \_\_\_\_\_

### Federation Membership

Number of adults 18 years or older \_\_\_\_ x \$11 = ..... \$ \_\_\_\_\_

Number of teens 17 and under \_\_\_\_\_ ..... (*no charge*)

Federation Directory \_\_\_\_ \$8 / hard copy; \_\_\_\_ \$2 / CD ..... Total directories \$ \_\_\_\_\_

Total fees collected for Federation Membership and/or directories: .....

\$

(If desired, Club membership dues collected may be notated here) \$ \_\_\_\_\_

Payment made by cash ☐ or by check ☐ check # \_\_\_\_\_

If appropriate, list **all** other clubs you are a member of \_\_\_\_\_

\_\_\_\_\_  
(Club names / Names)

\_\_\_\_\_  
Officer's Signature, & office

**SQUARE DANCE FEDERATION OF MINNESOTA, INC.**

**MEMBERSHIP RECEIPT FOR 20** \_\_\_\_\_

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

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**MEMBERSHIP RECEIPT FOR 20** \_\_\_\_\_