

**ROUND DANCE COUNCIL OF FLORIDA
APPLICATION FOR MEMBERSHIP**

Check the appropriate spaces:

Associate Teacher/Cuer __ Associate Cuer __ Apprentice __ Non-Resident __

1. PERSONAL INFORMATION

Name: _____
(First) (Last)

Address: _____
(Street) (E-mail)

(City) (State) (Zip) (Telephone)

Name of Spouse/Partner: _____

Address of Partner if different _____

Does Spouse/Partner also Cue? _____ Teach? _____

Name for Member Badge _____

Name for Partner Badge _____

2. EXPERIENCE

Are you currently teaching and/or cueing? _____

How long have you been teaching and/or cueing? _____

SPONSOR: Only Active members of the Round Dance Council of Florida may sponsor applicants.

I verify that this applicant qualifies for membership in the Round Dance Council of Florida.

Sponsor: _____

(Signature)

(Print Name)

(Date)

After completing this form, mail along with a check for \$35.00 to:
Susan Snider, 5110 Santa Cruz Lane, Jacksonville, FL 32210

Print your contact information exactly as it should appear in the Bow and Swing.

Name: _____

Address: _____

E-Mail: _____

Telephone: _____

(Signature of Applicant)