

Indiana Dance Leaders Association, Inc.



MEMBERSHIP APPLICATION

NAME: _____ SPOUSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (Home) _____ PHONE: (Home) _____

EMAIL: _____

CLASSIFICATION OF MEMBERSHIP BEING REQUESTED Full Junior

Type: Square Dance Caller Round Dance Cuer Other _____

How long have you been dancing: _____ Years

How long have you been calling/teaching, cueing/teaching: _____ Years

\$_____ Dues must accompany this application. (\$_____ .00)

Applicant's Signature

SPONSORED BY TWO (2) FULL MEMBERS:

For Secretary's use:

DATE APPROVED: _____ SIGNED: _____

In space below list teaching and/or calling/cueing experience as completely as possible, including present activities. List clubs you call/cue for regularly, schools, etc., you have attended concerning calling/cueing. Use back side of application for additional information.
