



USA Dance (also known as USABDA) Individual Membership Application



*****PLEASE PRINT CLEARLY*****

NAME	DATE OF BIRTH	SIGNATURE
1.		
2.		

STREET ADDRESS	APT. #	CITY	STATE	ZIP CODE
1.				
2.				

SEASONAL ADDRESS: Do you have a seasonal address? If so, enter below. Dates applicable: From: _____ To: _____

STREET ADDRESS	APT.#	CITY	STATE	ZIP CODE

HOME PHONE	WORK PHONE	CELL PHONE	FAX	EMAIL ADDRESS
1.				
2.				

Is this a renewal application? Yes No If Yes, Member # _____, # _____

Name of Chapter I wish to be assigned to: _____

Name of College or Youth Club I wish to be assigned to: _____

Social Youth Dancers must be under age 19 and will not receive the Amateur Dancers magazine.

MEMBERSHIP CATEGORY	ADDITIONAL INFORMATION:
Ballroom Dancer	___ x \$35 \$
Social Dancer	___ x \$25 \$
Social Youth Dancer – under age 19	___ x \$10 \$
Champion DanceSport Athlete	___ x \$60 \$
Adult DanceSport Athlete	___ x \$60 \$
Student DanceSport Athlete	___ x \$15 \$
Junior DanceSport Athlete	___ x \$15 \$
Associate	___ x \$50 \$
Manager/Organizer	___ x \$50 \$
Trainer- Physical or Mental	___ x \$50 \$
Official-Judge, Scrutineer, MC, Music Dir.	___ x \$50 \$
DanceSport Coach	___ x \$50 \$
	Check all applicable below - I am a:
	___ Social Dancer ___ Competitor (International Style)
	___ Competitor (American Style) ___ Competitor (Pro/Am)
	Proficiency Level (Circle Applicable Level):
	International: Bronze Silver Gold Novice Pre-Champ Champion
	American: Bronze Silver Gold Novice Pre-Champ Champion
	Tax Deductible Contributions:
	TV Programs/Videos \$
	Public Library * \$
	Amateur Travel ** \$
	Youth Programs \$
	College Programs \$
	General Fund \$
	Your Chapter \$
	Memorial Fund (s) \$
	Total Contributions:
Total Membership Fees:	\$
Total Contributions (as listed on the right):	\$
CHECK TOTAL:	\$
Check Payable To USABDA then Mail Application & Check to: USABDA Membership Director P. O. Box 126 Southampton PA 18966-0126	

**PLEASE
SUPPORT
THESE
PROGRAMS**

* **Public Library:** Donate *Amateur Dancers Magazine* to your Public Library. \$9 for one year or \$16 for two years.

Library Name: _____

Library Address: _____

** **Amateur Travel:** Travel of our representatives to participate in the World Championships.

Will you be a USABDA volunteer? Yes No If Yes, where? Chapter Regional National

How are you willing to help USABDA? _____

Submit