

APPLICATION FOR INSURANCE
January 1, 2021 through December 31, 2021

**YOUR CLUBS 2021 ASARDA MEMBERSHIP MUST BE CURRENT
IN ORDER TO PROCESS YOUR INSURANCE**

DATE _____

OFFICIAL CLUB NAME _____ USDA # _____

WHEN DO YOU DANCE? _____ CALLER _____

DANCE LOCATION _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

*On a separate sheet of paper, please list the complete address of ALL alternate facilities where
your club may dance and need coverage.*

CLUB TREASURER OR INSURANCE REP. _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

PHONE _____

NUMBER OF MEMBERS PAYING THROUGH THIS CLUB _____ x \$4.85 EA. = \$ _____
(MINIMUM PREMIUM FOR ANY CLUB IS \$45.00)

STEP 1 - FILL IN THE ABOVE INFORMATION

STEP 2 - ATTACH 1 COPY OF "00 Club Enrollment Form" - List ALL dance locations!
ATTACH 1 COPY OF "10 CLUB ROSTER FORM" *BE SURE TO SIGN IT!*
ATTACH 1 COPY OF "20 CLUB MEMBERS Insured Through Another Club" (If Required)
ATTACH 1 COPY OF CLUB MAINTAINED MEMBERSHIP ROSTER

STEP 3 - ENCLOSE CHECK PAYABLE TO: **SUSAN WOLFORD**
Write in the subject line ONLY - that it is for USDA insurance premiums.

STEP 4 - MAIL TO:
SUSAN WOLFORD
ASARDA INSURANCE CHAIRMAN
6000 WYETH ROCK RD
GUNTERSVILLE AL 35976-5025

(Please be sure your club's ASARDA Dues are renewed. The form is in this package.)