## **CLUB ROSTER (MEMBERS PAYING PREMIUMS)**

**ENROLLMENT FOR THE YEAR** 

CLUB NAME			
COUNCIL/ASS	OCIATION/FEDERATION	<u> </u>	
ı	Name of Dancer ****A	LPHABETICAL****	Name of Dancer
insurance under America Insuran	writers – All members of ace Program for the club t	the club must particip to be covered under t	SDA Insurance program and our pate in the United Square Dancers of he liability policy.  In and returning this form:
		_	Date:
	o Members this Page		
		along with enrollme	nt application to:
		ASARDA Insurance k Rd, Guntersville AL	