



**NORTHERN CALIFORNIA
SQUARE DANCERS ASSOCIATION**

*Square
Dancing for Fun*

NCSDA Membership Committee
PO Box 23972, Pleasant Hill, CA 94523

Membership Chairman

**Club Insurance Representative
Contact Information**

We are asking that there be only one person that is in charge of requesting insurance certificates. All certificates and/or correspondence will be sent to the representative and address listed below. Any questions we have will be directed to this representative. PLEASE NO EXCEPTIONS.

If the club insurance or membership contacts change, please submit a new form to the Association Membership Chairman immediately. This form is also available on the association's website – ncsda.com. This form may be emailed to us.

To complete this form, use your tab key to move from one field to the next. If you have any questions about what to enter in any field, use the F1 key or look on the status bar.

DATE: _____

CLUB: _____

CLUB'S INSURANCE REPRESENTATIVE

NAME: _____

ADDRESS: _____

PHONE: (____) _____

CELL: (____) _____

FAX: (____) _____

EMAIL: _____