



# USABDA

## Individual Membership Application

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

NAME		DATE OF BIRTH		SIGNATURE	
STREET ADDRESS		CITY		STATE	ZIPCODE
HOME PHONE	WORK PHONE	FAX	EMAIL ADDRESS		

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

Name of Chapter I wish to be assigned to: \_\_\_\_\_

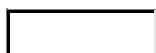
Name of College or Youth Club I wish to be assigned to: \_\_\_\_\_

INDIVIDUAL MEMBERSHIP CATEGORIES			ADDITIONAL INFORMATION:	
Ballroom Dancer	___ x \$35	\$	<b>Occupation:</b>	
Social Dancer	___ x \$25	\$		
Champion DanceSport Athlete	___ x \$60	\$	<b>Hobbies:</b>	
Adult DanceSport Athlete	___ x \$60	\$		
Student DanceSport Athlete	___ x \$15	\$	<b>Check all applicable below - I am a:</b>	
Junior DanceSport Athlete	___ x \$15	\$	<input type="checkbox"/> Social Dancer	
Associate	___ x \$50	\$	<input type="checkbox"/> Competitor (American Style)	
Manager/Organizer	___ x \$50	\$	<input type="checkbox"/> Competitor (International Style)	
Trainer	___ x \$50	\$	<input type="checkbox"/> Competitor (Pro/Am)	
Official: Judge, Scrutineer, MC, DJ	___ x \$50	\$		
DanceSport Coach	___ x \$50	\$	<b>Proficiency Level (Circle Applicable Level):</b>	
			<b>International:</b> Bronze Silver Gold Novice Pre-Champ Champion	
			<b>American:</b> Bronze Silver Gold Novice Pre-Champ Champion	
<b>Total Membership Fees:</b>		\$		
<b>Total Contributions</b> (as listed on the right):		\$		
<b>CHECK TOTAL:</b>		\$	<b>Tax Deductible Contributions:</b>	
			TV Programs/ Videos	\$
<b>Make Check Payable To USABDA then Mail Application &amp; Check to:</b> USABDA Membership Director 1472 Buckridge Circle Southampton PA 18966			Amateur Travel	\$
			Youth Programs	\$
			College Programs	\$
			General Fund	\$

Are you willing to help USABDA as a volunteer?  Yes  No

If Yes, at what level? \_\_\_\_\_ Chapter \_\_\_\_\_ Regional \_\_\_\_\_ National

How are you willing to help USABDA? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Submit**