

# ROUND DANCE COUNCIL OF FLORIDA APPLICATION FOR MEMBERSHIP

Check the appropriate spaces: Active\_\_\_Associate \_\_\_ Cues\_\_\_ Non-Resident\_\_\_ Apprentice \_\_\_

## 1. PERSONAL INFORMATION

Name: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_  
(Street) (E-mail)

\_\_\_\_\_  
(City) (State) (Zip) (Telephone)

Name of Spouse/Partner: \_\_\_\_\_

Address of Partner if different \_\_\_\_\_  
\_\_\_\_\_

Does Spouse/Partner also Cue? \_\_\_\_\_ Teach? \_\_\_\_\_

Name for Member Badge \_\_\_\_\_

Name for Partner Badge \_\_\_\_\_

## 2. EXPERIENCE

Are you currently teaching and/or cueing? \_\_\_\_\_ Where? \_\_\_\_\_

How long have you been teaching and/or cueing? \_\_\_\_\_

**SPONSOR:** Only Active members of the Round Dance Council of Florida may sponsor applicants.

I verify that this applicant qualifies for membership in the Round Dance Council of Florida.

Sponsor 1: \_\_\_\_\_  
(Signature) (Print Name) (Date)

Mail a check payable to Round Dance Council of Florida for \$35.00 to: Tom and Cindy Bunn, Presidents, 4351 Sashay Lane, Plant City, FL 33563

Print your contact information exactly as it should appear in the Bow and Swing.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)