



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: _____

MEMBERSHIP CATEGORY			ADDITIONAL INFORMATION:	
Ballroom Dancer	<input type="checkbox"/> x \$30	\$	Occupation:	
Social Dancer	<input type="checkbox"/> x \$20	\$		
Champion DanceSport Athlete	<input type="checkbox"/> x \$40	\$	Hobbies:	
Adult DanceSport Athlete	<input type="checkbox"/> x \$40	\$		
Student DanceSport Athlete	<input type="checkbox"/> x \$9	\$	Check all applicable below - I am a:	
Junior DanceSport Athlete	<input type="checkbox"/> x \$9	\$	<input type="checkbox"/> Social Dancer	
Associate	<input type="checkbox"/> x \$50	\$	<input type="checkbox"/> Competitor (American Style)	
Manager	<input type="checkbox"/> x \$50	\$	<input type="checkbox"/> Competitor (International Style)	
Trainer	<input type="checkbox"/> x \$50	\$	<input type="checkbox"/> Competitor (Pro/Am)	
Official	<input type="checkbox"/> x \$50	\$		
			Proficiency Level (Circle Applicable Level):	
			International: Bronze Silver Gold Novice Pre-Champ Champion	
Total Membership Fees:			American: Bronze Silver Gold Novice Pre-Champ Champion	
Total Contributions (as listed on the right):				
CHECK TOTAL:				
			Tax Deductible Contributions:	
			TV Programs/ Videos	\$
Make Check Payable To USABDA then Mail Application & Check to: 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? _____

