



Membership Application

Please complete this form and mail with your application / renewal donation (see Page 2).

Date: _____

Indicate Membership Level: Professional (\$200.00) Associate Professional (\$150.00)
 Gold (\$100.00) General Membership (\$35.00)

Professional / Associate Professional Membership Information

Business, Organization or Club Name

Business, Organization or Club Address

City

State

ZIP

Business, Organization or Club Phone or Hotline

Fax

Website

Contact Person*

Contact Person E-mail

Phone Number (Optional)

*Note: If the Prof'l Member holds a Registry Event, the Contact person should be the Event Director.

Check one:

- The Prof'l / Assoc. Prof'l member is a Club or non-profit organization.
- The Prof'l / Assoc. Prof'l member is a privately held business or organization.
 - If so, is the Member a Dance Instructor? If so, is the Member a DJ?
 - If so, is there a 2nd partner who may be a Dance Instructor or DJ? (provide their contact info also).

Check any the following (if applicable):

- The Contact Person is subject to change from year to year.
- The Business, Organization or Club does not have its own address, etc. and the information listed above is the address, etc. for the Contact Person.
- The Professional Member hosts a Registry Event (if so, please proceed to Page 2).

Gold / General Membership (for Individuals or Couples) Information

Individual / Couple's Name(s)

Individual / Couple's Address

City

State

ZIP

Individual / Couple's Phone Number

Fax

Website

E-mail(s)

Check any the following (if applicable): The Member is a Dance Instructor. The Member is a DJ.

Professional Members: Please complete the following information for your proposed **2009** "WSDC Registry Event(s)" (3 day, national, open events):

If you have more than one proposed event occurring within the July 1st – June 30th dues year, please provide information for each event, use the back or additional sheets as needed; and **provide an additional \$150 yearly dues per additional event.**

Please note than a new event, an additional event, a reinstated event, an event with a change in location, time frame or ownership, etc. must be approved by the WSDC Board of Directors.

Event Name	Event Dates	
Event Location	Website	
Contact Person / General Information / Rules	Phone Number	E-mail
Ticket Person (if different)	Phone Number	E-mail

Professional, Associate Professional and Gold Members: Please complete the following for any **2009** "Other Member Events" (2 day, dance related events). (If you have more than one such event, please provide information for each event, use the back or the space below as needed):

Event Name	Event Dates	
Event Location	Website	
Contact Person / General Information / Rules	Phone Number	E-mail
Ticket Person (if different)	Phone Number	E-mail

Amount Enclosed: \$ _____ Check #: _____ Date: _____

(Annual Dues are due by July 1st of each year and expire June 30th the following year)

Mail this completed form and the donation check or money order (payable to WSDC) to:

WSDC Membership C/O Cathy Tigges
4401 E. Janice Way Phoenix, AZ 85032

602-482-2828 ctigges@cox.net