



Associate Membership

Name: _____ Date: _____

I would like to be an Associate Member in the Folk Dance Federation of California, South, Inc.

Check one: Individual Organization

Individual or Contact Person for Organization

Name: _____

Address: _____

City, State, Zip _____

Phone: _____ Email: _____

Organization Information (if this is an organization membership)

Organization: _____

Exhibition group: Yes No

Address: _____

City, State, Zip _____

Phone: _____ Email: _____

Payment

Do you want Council Meeting Minutes by email? (check if yes)

Annual Membership Dues \$ 10.00

Subscription to *Folk Dance Scene* magazine delivered by email (\$10.00) \$ _____

Here is my tax-deductible donation to the Federation \$ _____

Total enclosed \$ _____

Please send this form & a check payable to **Folk Dance Federation of California, South**, to:

Mindy Belli, Treasurer

321 S. Vista del Canon

Anaheim, CA 92807