



SARDASA

Square and Round Dance Association of Southern Arizona

MEMBERSHIP

NAME: _____
First Last

ADDRESS: _____

PHONE: _____

EMAIL: _____

CLUB AFFILIATION: _____
(i.e. Green Valley Squares, etc.)

EMERGENCY CONTACT: _____

MEMBERSHIP DUES PAID: _____

DONATION (if applicable): _____

*Cash or Check Made Payable to SARDASA – Please Send with Completed Form to SARDASA, PO Box 41314,
Tucson, AZ 85717-1314*

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UNITED SQUARE DANCERS OF AMERICA (USDA) INSURANCE



NAME: _____
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EMERGENCY CONTACT: _____

DANCE INSURANCE PAID: _____

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