



# Membership Form

Please send in Membership form and \$15 Annual Dues

**Mail Exactly to:**

Alan R Hirsch  
 PO BOX 1460  
 WESTCLIFFE CO 81252-1460

Make Check out to: **GCA**

## Contact Information

Name:	
Address:	
City:	
State/Province:	
Postal Code:	
Country:	
Home Phone:	
Work Phone:	
Cell Phone:	
Fax Number:	
Primary Email:	
Secondary Email:	
Web Site:	

## Caller Information

Active Caller: No  Yes  *if Yes* Full Time  Part Time

Traveling Caller: No  Yes

Year you began calling:

Caller Associations to which you belong:

Music Licensing:  
 (i.e. BMI/ASCAP)

Square Dance Clubs For which you've called:

Send Newsletter: Email  Paper Copy

	ONS	Basic	MS	PL	A1	A2	C1	C2	C3A	C3B	C4	Caller Coach
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_