

TIFD Group Membership Application

Mail application to: TIFD, PO Box 4516, Austin, TX 78765. If you are applying for insurance, the application must be received no later than the January 5 deadline.

Name of Group _____

____ Renewal (no fee required)

____ New membership (enclose a check for \$15 payable to TIFD)

Meeting place and address:

Group meeting day(s) and time(s): _____

Cost: _____ Average attendance at your meetings: _____

Type of dances that your group does _____

Contact person for your group:

Name: _____

Address: _____

Home phone: (____) _____ Work/other phone: (____) _____

e-mail address: _____

Does your group have a web page? _____

If so, give the address _____

Attach a copy of your group membership roster. Please list all current active members since the insurance cost is based on the number of members. In order to maintain your group membership in TIFD, you must have at least five members who are also TIFD members.

Number of members listed on attached roster _____.

Attach a list of group officers (including name, title, address, phones, and e-mail).

Does your group have membership dues? ____ If so, how much? _____

Do you wish to participate in the TIFD Group Liability Insurance program? _____

If your answer is yes, please enclose a check payable to TIFD to cover your group insurance fee. The fee for your group is based on the number of members in your group. If your group has 25 or fewer members, the fee is \$75. If your group has 26 to 100 members, the fee is \$3 per member. If your group has over 100 members, the fee is \$300 plus \$2.80 for each member over 100.

Check enclosed for _____.

Signature of group officer: _____ Date: _____

Print name and office: _____