

Application for TIFD Group Affiliation



Any non-profit folk dance group or related folk arts group whose purposes are consistent with those of TIFD may apply to become a TIFD Group Affiliate. To be eligible for group affiliation, at least five of your members must be members of TIFD and your group must meet at least eight times a year.

Affiliated groups will be listed by name on the TIFD web page and in other TIFD publications. They may publicize their events in TIFD publications and they may co-sponsor events with TIFD, subject to approval of the TIFD Board. Participation in the TIFD Group Liability Insurance Program is optional and subject to additional requirements.

To become a group affiliate, please submit your completed application to the TIFD Member Services Committee for approval.

Name of Group _____

Renewal (no additional fee required)

New group affiliate (enclose a check for \$15 payable to TIFD)

Describe the activities of your group:

Purpose of your group as stated in your constitution, bylaws, or other document:

Please list any countries, regions, ethnic groups, or cultures on which your group focuses: _____

Meeting place for regular events: _____

Address: _____

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

How many times a year do you meet? _____ Admission charge: _____

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

If your group has a web page give the address _____

If your group has a Facebook page give the page name _____

Contact person for your group:

Name: _____

Street Address _____

City, State, Zip _____

Home phone: (_____) _____ Mobile phone: (_____) _____

e-mail address: _____



Attach a copy of your group membership roster. Please list all current members. In order to maintain your group membership in TIFD, you must have at least five members who are also TIFD members.

No. of members listed on attached roster _____

No. of TIFD members on roster (if known) _____



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

Signature of group officer: _____ Date: _____

Print name and office: _____

If your group wishes to participate in the TIFD Group Liability Insurance program, please request an insurance information packet from insurance@tifd.org .

Mail your completed application and to TIFD Member Services, PO Box 4516, Austin, TX 78765 or email it to memberservices@tifd.org .