

National Association of Square & Round Dance Suppliers

Membership Application/Information Update Form

Membership Application _____ Information Update _____

Business Name: _____

Owner's Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers

Business: _____ Fax: _____ Home: _____

E-mail: _____ Website: _____

Emergency Contact

Name: _____ Phone: _____

I wish to be on the seniority list as: an Exhibiting Vendor _____ or Non-Exhibiting Vendor _____

Business Information: please check all categories which apply to your business.

_____ Retail	_____ Wholesale	_____ Jewelry
_____ Apparel	_____ Audio Equipment	_____ Badges/Engraving
_____ Publications	_____ Records-CD's-Tapes	_____ Novelties, describe in remarks
_____ Others	Remarks _____	

Date: _____ **Signature:** _____

Note: \$100.00 membership application fee must be enclosed. This application fee serves as your dues for the remainder of the calendar year, renewable on Jan 1st of the next year without proration. No fee is required if submitting this form as an information update.

***** BELOW FOR OFFICIAL USE ONLY *****

Date received: _____ Payment method: _____

Seniority number at time application processed: _____

This form must be completed by all new businesses applying for membership to NASRDS (National Association of Square and Round Dance Suppliers). NASRDS will maintain and will use this information, along with the National Square Dance Convention Vendor Chairperson(s), to contact NASRDS members, assign seniority numbers, and other administrative functions as designated by the officers of NASRDS. Should your membership information need to change during the year, please use this form to submit changes to your general information, only. (Business names may not be changed using this form.)

Please be sure your information is correct, particularly your Business name. Upon NASRDS acceptance of this application, your business name will be listed in the National Square Dance Convention Program Book, and will be the name displayed upon your sign at your designated booth(s) during the upcoming Convention. This business name will remain yours until formally changed by requesting and submitting a "Request for Name Change" form.

Emergency contact information is requested, but is optional. Upon completion, please mail this form, along with your dues payment, to the Secretary/Treasurer at the address shown below.

TERMS DEFINED:

Exhibiting Vendor: A NASRDS member that is exhibiting at the current National Square Dance Convention.

Non-Exhibiting Vendor: A NASRDS member that is not exhibiting at the current or Subsequent National Square Dance Convention.

A member may request to be placed on either list. If a member requests to be moved from the Exhibiting or Non-Exhibiting portion of the seniority list, the business must do so on NASRDS Form 1, Membership Application/ Information Up-Date Form.

Once completed, please mail the application and payment, if required, to the address listed below. Should this be an information update form only (no payment due), feel free to fax the form to 928-268-3457.

NASRDS Secretary/Treasurer
Darrell Newell
7721 N Wagon Wheel Dr
Lake Havasu City, AZ 86404
503-781-5279