



Membership Form

Please mail membership form and \$15 annual dues payable to **GCA** to:
GCA Membership
 c/o Michael Maltenfort
 6348 N. Magnolia Ave., Apt. 1
 Chicago, IL 60660

Contact Information

Name:

Address:

City:

State/Province:

Postal Code:

Country:

Home Phone:

Work Phone:

Cell Phone:

Fax:

Primary Email:

Secondary Email:

Web Site:

Permission to Publish?			
GCA Web Site		Directory	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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: (e.g. BMI/ASCAP)

Square Dance Clubs for which you have called:

GCA Web Site		Directory	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Send newsletter via: Email Paper Copy

	ONS	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"/>

GCA Web Site		Directory	
Yes	No	Yes	No
<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: _____