



# Membership Form

**Please send in Membership form and \$15 Annual Dues per year (up to 3 yrs)**  
**Mail To:**  
 Michael Winnick  
 177 Baltimore Avenue  
 Massapequa, NY 11758  
 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:** \_\_\_\_\_