

Southern California Clogging Association Executive Membership

For more than 20 years the SCCA has been at the center of clogging in Southern California. The Board of Directors, elected by the membership, meets regularly to deal with events affecting clogging in Southern California. It also networks with other state organizations to keep the Southern California clogger in step with what is happening nationwide. The board strives to ensure that clogging continues to be an activity that the whole family can participate in and enjoy. Membership entitles you to a voice in the association and to discounts to all SCCA-sponsored functions. You will be kept up to date on clogging news and activities through your subscription to the *Footnote*, and you will also be covered by secondary medical insurance through the SCCA. It is your support that keeps us all clogging. Join today, and enjoy these member benefits:

A subscription to the *Footnote* newsletter
Secondary health insurance
Special admission price to the Annual Convention

Preferential seating at the annual convention show
Reduced admission to other SCCA events

SCCA Executive Member Application

To join SCCA, complete the following form and send to: Southern California Clogging Association

c/o Al Justice
P.O. Box 87581
San Diego, CA 92138
858-560-8995 or aljustice@earthlink.net

Executive Membership: \$25
(Insurance is included in membership.)

Executive Family Membership: \$30
(For family members living in the same household. Insurance is additional and required. Please fill out names on the back of this form.)

Number in family _____

Subscriber: \$10
(This is not a membership but entitles the subscriber to receive issues of the *Footnote* for one year.)

Total amount enclosed _____

Name _____

Address _____

City _____

State _____ Zip Code _____

Phone _____

E-mail _____

(Note: SCCA membership is automatic for members of SCCA-affiliated clubs and includes a subscription to the *Footnote*. The Executive Membership categories listed on this form, however, entitle the holders to additional special privileges and help support the activities of the SCCA.)

(Please make checks payable to SCCA)

SCCA use only

Date received _____ Amount _____

Insurance Information

(required for family memberships only)

All members of SCCA must have insurance coverage, whether purchased from the SCCA or another organization. For \$5.00 per person, your family will be covered with secondary medical insurance while participating in recognized clog-dancing events.

If your family is covered by membership in, and has paid its fees through, another group, it need not pay again through the SCCA's family membership plan. Please indicate this by placing an asterisk (*) by each name and give the club name carrying his or her coverage.

_____ We have insurance coverage through another group. Club name _____

_____ We wish to purchase insurance from the SCCA. Family members x \$5.00 each = _____

List of family members (One name on each line)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____