



Date rec'd \_\_\_\_\_

## 2009-2010 DDCA Membership Application

Name: \_\_\_\_\_ New Member ? \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: Best: \_\_\_\_/\_\_\_\_/\_\_\_\_ Other: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail address: \_\_\_\_\_

Membership Classification: Coach \_\_\_\_\_ Associate \_\_\_\_\_ Judge \_\_\_\_\_ Business \_\_\_\_\_

If a coach or an associate what position do you hold for your team:

Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Advisor \_\_\_\_\_ Choreographer \_\_\_\_\_ Consultant \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Classification: 1A 2A 3A 4A 5A 6A

Team Name: \_\_\_\_\_ League: \_\_\_\_\_

DDCA Membership fee: \$75.00 \_\_\_\_\_ if payment received by Sept. 24, 2009  
\$85.00 \_\_\_\_\_ if payment received on or after Sept. 25, 2009

Make checks payable to DDCA (purchase orders can not be accepted). Mail check and this form to:  
Sherry Summerville  
15604 SE Upman Way  
Damascus, OR. 97089

Completed memberships received by the 2009 Fall Conference will be listed in the membership mailing list.

*Reproduce this form as needed for additional staff members.*