

2024-2025 HEART OF AMERICA FEDERATION CLUB INFORMATION

Please complete this form **annually or whenever there are changes** in club structure, i.e., dance location, dance night, club officers, callers/cuers, etc. Please submit this Club Information form to the Federation **CORRESPONDING SECRETARY & TREASURER by October 1st**. This is your club's formal "Statement of Organization."

DATE:	DANCE LEVEL	MS	PLUS	ADV	CHAL	RD
	LINES					
CLUB NAME Check if Caller Run _____	TYPE OF CLUB MEMBERS (MARK ALL THAT APPLY):			Married	Single	
DANCE LOCATION:	Singles w/ Partner	Youth	Youth w/ Parents or Grandparents as members			
ADDRESS:	CHATTER EDITOR:					
CITY, STATE, ZIP-CODE	Telephone:			E-Mail		
DANCE NIGHT	AD EDITOR: Name:			E-Mail		
	Telephone:			E-Mail		
DELEGATE:	ALTERNATE DELEGATE:					
Address:	Address:					
City, State, Zip	City, State, Zip:					
Telephone:	E-mail:	Telephone:	E-mail			
PRESIDENT:	VICE PRESIDENT:					
Address:	Address:					
City, State, Zip:	City, State, Zip:					
Telephone:	E-Mail:	Telephone:	E-Mail			
SECRETARY:	TREASURER:					
Address:	Address:					
City, State, Zip:	City, State, Zip:					
Telephone:	E-Mail:	Telephone:	E-Mail:			
*CALLER: Note if Caller Run Club _____	* CUER:					
Address:	Address:					
City, State, Zip:	City, State, Zip:					
Telephone:	E-Mail:	Telephone:	E-Mail:			

Club Web Site _____ (optional) Club E-Mail _____ (optional)

***PLEASE NOTE: FOR YOUR OWN PROTECTION CALLERS/CUERS SHOULD BE BMI/ASCAP LICENSED**