



Northwest Clogging Association (NWCA)

Membership Application

New____ Renewal____ Year_____

Membership and Insurance is good from January to December without pro-ration

Member Name: _____

Street: _____ City: _____

State/Prov: _____ Zip Code _____ Are you Cuer/Instructor: _____

Email Address: _____ Phone Number _____

ClubName: _____ Cuer/Instructor _____

Accidental Medical Insurance – are you covered by another clogging or square dance group? If yes,
group name _____

US Funds Only

Adults (USA) *Includes Newsletter and Insurance* _____ @ \$15.00 Ea _____

Adults (Canadian) *Includes Newsletter (Insurance not available)* _____ @ \$10.00 Ea _____

Youth (Under 18) 1/2 Price of Adult Fee _____

TOTAL ENCLOSED _____

Make checks payable to: NWCA

Mail to: Glee Johnson, Membership

283 Atwater St N

Monmouth, OR 97361

(503) 931-1330 nwcloggers@gmail.com

