

AFFILIATE INFORMATION

Please provide/update general information about your organization to update your Affiliate record in our database. You can designate specific contacts below. We will list the organization city, state, phone, and email provided here in the Group Directory to allow individuals to find and contact your organization.

Organization's Legal Address

This is the address that will be used for insurance and 501c3 tax exemption services.

Organization Name: _____

Street Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Organization's Email: _____

(If you have a generic email for the organization, such as info@examplegroup.org)

Organization's Phone Number: _____

(An optional phone number that people can call for information about the organization.)

Very brief group description: _____

(A short statement of events the group hosts (contra, morris, pub sings, etc.), to be printed in the CDSS Affiliate Directory.)

SELECT SERVICES

Please select service(s) you would like to renew or add to your organization.

- Affiliation only
 Insurance (only available to U.S. Affiliates)
 Tax Exemption (only available to U.S. Affiliates)

Affiliation	Affiliation + 501c3	Affiliation + Insurance	Affiliation + Insurance + 501c3
<ul style="list-style-type: none"> • CDSS News magazine received quarterly • Inclusion in the CDSS Group Directory and events calendar • 50% discount on News ads • 10% discount on CDSS Store items; items also available for resale • Priority admission and Matching Scholarships for CDSS camp programs 	<ul style="list-style-type: none"> • All Affiliate member benefits • Federal nonprofit tax exempt status (useful for nonprofit bulk mail permits, tax exempt donations, discounted venue rentals, and more) 	<ul style="list-style-type: none"> • All Affiliate member benefits • Group liability insurance, based on the number of events you host per year 	<ul style="list-style-type: none"> • All Affiliate member benefits • Group liability insurance • Tax exempt status
\$100	\$175	1-20 events: \$585 21-40 events: \$685 41-70 events: \$785 71+ events: \$885	1-20 events: \$660 21-40 events: \$760 41-70 events: \$860 71+ events: \$960

DESIGNATED CONTACTS

CDSS sends important communications to our Affiliates regarding your membership and the services we offer. Please provide the following personal contact information so we can direct these communications effectively.

General Contact Person

First Name: _____ Last Name: _____

Email: _____

Street: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Financial Contact Person

This person will receive notifications for renewals and payments for membership and (if applicable) insurance and tax exemption. By default, this is the same as your General Contact, but if you wish to enter a different person, please do so here.

First Name: _____ Last Name: _____

Email: _____

Street: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Additional Contact Person

We encourage you to provide a backup email address to receive communications in addition to the General Contact.

First Name: _____ Last Name: _____

Email: _____

INSURANCE

Please select the type and level of insurance you require.

- Flat Rate OR Per Day (\$65/day)
- 1-20 events/year (\$485) Event Start Date: _____
- 21-40 events/year (\$585)
- 41-70 events/year (\$685) Event End Date: _____
- 71+ events/year (\$785)

List event location(s) on the attached page.

TAX EXEMPTION

Available here for renewal only. To become a 501c3 group, please email ben@cdss.org.

EIN: _____

Fiscal Year End Date: _____

- Our group's gross income is greater than \$50,000 per year.

ADDITIONAL INSURANCE INFORMATION

Please list all the locations you know you will be having events. If a venue has specifically requested to be listed as "additional insured" please check the box below that location, otherwise leave it unchecked. There is no longer an additional cost for listing them as such. If you need a certificate for another location later in the year, simply email us with that information as soon as possible before you require it, and we will send you one. If you need to list more locations, simply add additional copies of this sheet.

Event Locations

Location Name: _____

Street: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Additional Insured

Location Name: _____

Street: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Additional Insured

Location Name: _____

Street: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Additional Insured

Location Name: _____

Street: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Additional Insured

Location Name: _____

Street: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Additional Insured

Location Name: _____

Street: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Additional Insured

Location Name: _____

Street: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Additional Insured

TOTALS

Please use this guide to calculate your total amount. We want everyone to be a part of our network, if it's not possible for your group to pay the listed rates, please contact us to discuss other options.

Affiliation

\$100 = \$ _____

Insurance

Per Year

1-20 events (\$485) = \$ _____

21-40 events (\$585) = \$ _____

41-70 events (\$685) = \$ _____

71+ events (\$785) = \$ _____

Per Day

\$65 x _____ days = \$ _____

Tax Exemption

\$75 = \$ _____

SUBTOTAL

= \$ _____

Discounts

(These discounts pro-rate your 2020 Affiliate fee if your last renewal was mid-year. Check your renewal letter for your discount.)

Last renewed Feb-Apr 2020 (-\$85) = - \$ _____

Last renewed Nov 2019-Jan 2020 (-\$60) = - \$ _____

Last renewed Aug-Oct 2019 (-\$35) = - \$ _____

Last renewed May-Jul 2019 (N/A)

TOTAL

= \$ _____

PAYMENT INFO

Pay by check (made to Country Dance & Song Society).

Pay by credit card (please fill out below).

Card number (Visa/Mastercard only): _____ - _____ - _____ - _____

Exp: _____ / _____ CCV: _____

Name on card: _____

Signature: _____