

# Associated Square Dancers 2024-2025 Insurance Application

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Date of Application: \_\_\_\_\_

Club Name: \_\_\_\_\_

Club Mailing Address, Street: \_\_\_\_\_

Club Mailing Address, City, \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Contact, Name: \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Venue 1 Name \_\_\_\_\_

Venue 1 Address \_\_\_\_\_

Venue 1 Contact Name \_\_\_\_\_ Email \_\_\_\_\_ Phone: \_\_\_\_\_

Venue 2 Name \_\_\_\_\_

Venue 2 Address \_\_\_\_\_

Venue 2 Contact Name \_\_\_\_\_ Email \_\_\_\_\_ Phone: \_\_\_\_\_

Venue 3 Name \_\_\_\_\_

Venue 3 Address \_\_\_\_\_

Venue 3 Contact Name \_\_\_\_\_ Email \_\_\_\_\_ Phone: \_\_\_\_\_

Number of club members being insured\*: \_\_\_\_\_ Members insured by another ASqD Club: \_\_\_\_\_

Total Number of Members: \_\_\_\_\_

Total Members Insured \_\_\_\_\_ x \$7.50 = \_\_\_\_\_ Check # \_\_\_\_\_ Check Date: \_\_\_\_\_

**NOTE:** The number of club members are your paid members. It does not include those in your class/es who have not yet paid for membership or those insured by another ASqD Club.