

You can also renew online at cdss.org/affiliate

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.

Only city and state will be displayed in the Group Directory.

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. Insurance can be added later in the year.

- 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

Per day insurance still available at \$65/day

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. Insurance can be added later in the year.

Flat Rate

1-20 events/year (\$485)

21-40 events/year (\$585)

41-70 events/year (\$685)

71+ events/year (\$785)

Per Day (\$65/day)

OR

Number of Days: _____

Please list dates with locations on next page if per day

Please estimate your average attendance per event _____ (this will not affect your cost or coverage)

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.

Financial reports are due to CDSS at the same time they are due to the IRS - five months after the end of your fiscal year. You can find more information about sending these reports at cdss.org/affiliate.

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. 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, or more information please add additional copies of this sheet or email ben@cdss.org

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

= \$ _____

TOTAL

= - \$ _____

PAYMENT INFO

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

Pay by credit card (please fill out below).

Card number: _____ - _____ - _____ - _____

Exp: _____ / _____ CCV: _____

Name on card: _____

Signature: _____