

Folk Dance Federation of California, South, Inc.  
**CLUB OFFICER and DELEGATE INFORMATION for**

Please be sure that the information below is **correct** and **legible**.  
A **FEDERATION CONTACT**, **DELEGATE**, and **ALTERNATE DELEGATE** are required.

**CLUB NAME** \_\_\_\_\_

**CONTACT**  for Federation business. most Federation mailings such as Insurance Certificates and Renewal Packets.  
This person is also: President/Leader  Delegate  Alternate Delegate  (check all that apply)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail \_\_\_\_\_

**This person is:** President/Leader  Delegate  Alternate Delegate  (check all that apply)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail \_\_\_\_\_

**This person is:** President/Leader  Delegate  Alternate Delegate  (check all that apply)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail \_\_\_\_\_

**Send Minutes/Ballots to** (check one): Delegate  President/Leader  Contact  Other

If other: Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail \_\_\_\_\_

For any changes in the above information, notify the following:

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