

# Application for Membership-Florida Callers Association

Please Print or Type (Mail completed application to the FCA Secretary)

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I hereby apply for \_\_\_\_\_ Membership in the Florida Callers Association (FCA).  
(Indicate Full, Associate or Junior)

1. Number of years I have danced. \_\_\_\_\_
2. Number of years I have called \_\_\_\_\_
3. I own sound equipment (Yes/No). \_\_\_\_\_
4. Number of complete beginner classes I have taught. \_\_\_\_\_
5. Number of clubs I currently call for. \_\_\_\_\_
6. Number of programs I call each week, including classes. \_\_\_\_\_
7. Other calling or dance leadership organizations I belong to. \_\_\_\_\_
8. Offices currently or previously held in other organizations. \_\_\_\_\_
9. Caller schools or clinics attended as a student within the last 10 years. \_\_\_\_\_
10. Dance Mainstream \_\_\_\_\_ Plus \_\_\_\_\_ A1 \_\_\_\_\_ A2 \_\_\_\_\_ Challenge \_\_\_\_\_  
 Call Mainstream \_\_\_\_\_ Plus \_\_\_\_\_ A1 \_\_\_\_\_ A2 \_\_\_\_\_ Challenge \_\_\_\_\_  
 Teach Mainstream \_\_\_\_\_ Plus \_\_\_\_\_ A1 \_\_\_\_\_ A2 \_\_\_\_\_ Challenge \_\_\_\_\_  
 Call Dance Parties \_\_\_\_\_ Cue Rounds \_\_\_\_\_ Prompt Contra \_\_\_\_\_

Applicants for membership are advised that it is the desire of those who are presently members of the FCA, that all callers and teachers conduct themselves in accordance with the highest ethical standards. As a member of the FCA, I pledge myself to maintain the highest moral, ethical professional principles. I understand that failure to do so may result in my suspension or dismissal in accordance with the Code of Ethics written in the FCA Bylaws.

I certify that the information on this form is true to the best of my knowledge and belief.

X \_\_\_\_\_  
Applicant Signature

**Sponsors:**

Three persons that are full members of the FCA must sponsor an applicant for FCA membership.

I know the above applicant and:

1. believe the applicant to be of good moral character.
2. believe that the applicant has evidenced to my satisfaction the minimum professional qualifications required by the FCA Articles of Incorporation for the class of membership applied for.
3. believe that accepting the applicant for membership will contribute to the objectives of the FCA.
4. I will assist in the training ofn the applicant as outlined in the FCA Training Program.

Sponsors X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_

Print X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_

**General Information:**

1. The Executive Committee can accept, reject or change the membership classification of any applicant.
2. An application fee of \$10 is charged for your application. The fee is in addition to your dues and should accompany your application. The application fee is not refundable whether or not you are accepted for membership.
3. Dues are due November 1<sup>st</sup> each year. Do not send dues with the application (only the application fee). Your dues will be due at the next regularly scheduled FCA meeting. If you join between November 1<sup>st</sup> and April 30<sup>th</sup>, you will pay a full year's dues. If you join between May 1<sup>st</sup> and October 31<sup>st</sup>, you will pay one-half the annual dues and dues will be dure again on November 1<sup>st</sup>. Members are dropped from membership if dues are not paid by January 1<sup>st</sup>.
4. You must be a full member to hold an office. Any member can be on a committee and may be eligible to call at the Florida State Convention
5. Mail your application with the application fee to the FCA Secretary.