

TCC club/team registration must be renewed each March. This does not cover your whole team under the TCC insurance plan. They must have an individual membership to have insurance benefits. Each team is allotted two voting delegates, but they must each be a current individual TCC member. Please print all information neatly. Contact the membership chair with any questions.

Date: ___ / ___ / 20 ___

New Registration

Renewal

| Club/Team General Information | | |
|---|--|--------------------|
| Primary Club/Team Name: | | |
| Additional Name(s) if Applicable: | | |
| Location of Classes: | | |
| Location Address: | | |
| City: | State: | Zip: _____ - _____ |
| Phone: | Fax: | |
| Team Email: | | |
| Website: | | |
| Name of Director: | | |
| Voting Delegate #1: | | |
| Voting Delegate #2: | | |
| Send Mail To: <i>(Primary Contact)</i> | <input type="checkbox"/> The Director <input type="checkbox"/> Other: | |
| | <input type="checkbox"/> Voting Delegate #1 | |
| | <input type="checkbox"/> Voting Delegate #2 | |

| | |
|--|----------------|
| Club/Team Annual Registration Fee | \$10.00 |
|--|----------------|

Make checks payable to "The Texas Clogging Council" and mail completed team/club form(s) along with your individual registration form(s) to:

Kathy Rickett, TCC Membership Chair
 4212 Tynes Dr
 Garland, TX 75042

Contact Information
 Email: membership@texas-clogging.com
 Phone: 972-768-4072

| | | | |
|---------------------|-------------------|-------------------------------|----------------------------------|
| TCC USE ONLY | Payment Received: | <input type="checkbox"/> Cash | <input type="checkbox"/> Check # |
|---------------------|-------------------|-------------------------------|----------------------------------|

| |
|-------------------------|
| Primary Club/Team Name: |
|-------------------------|

| Club/Team Stats | |
|---|--|
| Date/Year Organized: | Average number of dancers at performances: |
| Total Number of Club/Team Members: | Number that are TCC members: |
| Average Age of Members: | Number of new members since last year: |
| Total estimated number of classes, exhibitions, workshops, etc. per year: | |
| What organization do you subscribe to for music licensing? <input type="checkbox"/> American Callers Association <input type="checkbox"/> C.L.O.G. <input type="checkbox"/> Other: | What coverage are you subscribed to? <input type="checkbox"/> BMI <input type="checkbox"/> ASCAP <input type="checkbox"/> SESAC |

| Other Club/Team Info |
|-----------------------------|
| Class Times: |
| Who to call about joining: |
| Other Info for TCC Website: |