

## MEMBERSHIP ROSTER

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

### **List all members**

Your Club is not required to pay to insure any member whose insurance premium is paid by another Club in the Federation. On this membership roster, list **all** club members. Identify each member whose insurance will be paid by another Federation Club, and state the name of that Club. Please coordinate with the other club leaders regarding who is paying the member's insurance.

In accordance with the long established requirements of the Insurance program and our insurance underwriters – *All members of the club* must participate in the Insurance Program for your club to be covered under the liability policy.

**Please acknowledge compliance with this requirement by signing this form:**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this signed form.** Include your member list on this page or on separate paper.

