



Membership Application

DATE _____

Please check appropriate status of unit: New Member _____ Renewal Member _____

Class competing in (circle your selection): Cadet RA SA IA SO IO SW IW

UNIT NAME _____

UNIT DIRECTOR _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (Day) _____ CELL _____

(Evening) _____ FAX _____

E-MAIL _____

You are entitled to an Alternate Representative at Meetings. Please name that person: Director or Alt Representative must be present at all General Membership meetings. Notification of these meetings will be sent via email to the provided email address as well as posted at www.northstarcircuit.org.

NAME _____ TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (Day) _____ CELL _____

(Evening) _____ FAX _____

E-MAIL _____

The management of the above named organization understands that it will take full responsibility for any damage and/or vandalism and/or misconduct at housing or contest sites by members and staff of said organization. It shall be the responsibility of said organization, and not the North Star Color Guard Circuit, for such damage, vandalism or misconduct, whether said organization is in competition or in attendance.

It is understood and agreed that the unit hereby grants permission to the North Star Circuit and its agents to videotape its performance at any NSC contest, and acknowledges such performance videos may be used for educational purposes.

NOTE: All units must submit a Certificate of Insurance to the NSC Treasurer prior to January 1 of the contest year in order to compete.

SIGNED _____ POSITION _____

DATE _____