



Addendum A

UMBRELLA APPLICATION CONTRACT
Please sign and return this with your yearly dues

Umbrella Member _____

Contact Person _____

Official Title _____

E.I.N./Social Security # _____

Address, Zip _____

Fax/Phone _____

E Mail _____

Alternate Contact _____

Address, Zip, Phone _____

of performers in company _____

Name and address of any additionally insured entities _____

YEARLY FEES

\$500.00 Yearly Umbrella Membership Dues paid on or before due date. Umbrella Member due dates are yearly from date of SBDA Board of Directors approval of Umbrella Membership.

Due date for (member) _____

Will be (date) _____.

PLEASE ATTACH A LIST OF PROPOSED PERFORMANCES DURING THE YEAR.

Include dates, # of performers, site, and #of audience

I have read this agreement and agree to abide by the terms set out in the attached Umbrella Agreements and Guidelines (page 1-4). _____ (initial)

I understand delinquent Umbrella Fees will be considered grounds for contract termination with Santa Barbara Dance Alliance. _____ (initial)

There will be a 30-day grace period after the renewal date. After 30 days, 5% per month will be assessed. _____ (initial)

Santa Barbara Dance Alliance retains the right to withhold delinquent Umbrella Fees from donations received for the Umbrella Member's benefit.

This contract will remain in effect upon timely payment of annual dues, unless SBDA is otherwise notified.

For Umbrella Group _____

SBDA Board Member/ED _____

Date_____

