

CALLERLAB

The International Association

of Square Dance Callers

494 S. Emerson Ave, Suite H1

Greenwood, IN 46143-1953

TEL: 785-783-3665 FAX: 785-783-3696

Email: info@CALLERLAB.org

Website: www.CALLERLAB.org

COUNTRY WESTERN LINE DANCE

LICENSE APPLICATION

April 1, 2026 - March 31, 2027

Caller: _____ Partner: _____

Mailing address: _____ City: _____

State: _____ Zip code: _____ Country: _____ Telephone: _____

Email: _____ Partner Email: _____

Average number of Different Students or Participants Per Week _____

* Please note, the BMI/ASCAP license and CW over 12 events applies when you have under 60 students average per week.
If you have more than that, contact the Home Office

The BMI/ASCAP license covers the use of copyrighted music to conduct/teach country western couple dances or line dances. CALLERLAB has negotiated a special rate with BMI & ASCAP which allows the use of copyrighted music to conduct/teach country western and/or line dances which are significantly lower than rates available from other organizations.

BMI/ASCAP license (less than 50 square dance events) w/ up to 12 CW events ...	\$ 223	_____
BMI/ASCAP license (over 50 square dance events) with up to 12 CW events.....	\$ 273	_____
*BMI/ASCAP license and CW over 12 events	\$ 338	_____
Optional group Liability Insurance	\$ 30	_____
Amount enclosed for optional donation to the Foundation	\$	_____
Amount enclosed for optional donation to the Scholarship Fund	\$	_____
Amount enclosed for optional donation to CALLERLAB.....	\$	_____
Administrative Fee (Required).....	\$ 30	_____
\$25 Late Fee after April 30, 2026 <u>(renewing member ONLY)</u>	\$ 25	_____

The Home Office staff is here to serve you.

If you have questions or need additional assistance, please call (785) 783-3665,
1-800-331-2577 or email us at
info@CALLERLAB.org. Contact us at anytime
and leave a message if we are unable to answer the phone. Our staff is normally available from
9:00 a.m. to 5:00 p.m. Eastern Time, Monday through Friday.

(Office Use Only)

Accounting _____
Master File _____
Mailed _____
ID Card _____
Badge _____

TOTAL AMOUNT

\$

Make checks payable to **CALLERLAB**.

Send Pay-Pal payments to Info@CALLERLAB.org

If you wish to pay with your credit card, please provide the following:

American Express, Discover, MasterCard and Visa Accepted

Cardholder's Signature

Printed name as it appears on credit card

Date

Card Number

Expiration Date

(3-digit code on back)