

**National Square Dance Campers
Association, Inc.
Badge Replacement Form**

I/We hereby request replacement badge(s) as outlined below:

Chapter Number: _____ Date: _____

Name: (First #1) _____ (Last) _____

(First #2) _____ (Last) _____

Address: (Street) _____

(City) _____

(St/Prov) _____ (Zip+4) _____

(Phone) _____

(Email) _____

Type Badge: (Check each requested):

(First #1) Safety Pin (\$15.00) _____ Magnetic (\$15.00): _____

(First #2) Safety Pin (\$15.00) _____ Magnetic (\$15.00): _____

Please remit \$15.00 for each safety pin back badge and/or \$15.00 for each magnetic badge type. Make 2 copies. Send one to the NSDCA address below and keep one for your files.

Mail to: NSDCA Membership Secretary

PO Box 241

Butler, WI 53007-9998