



RENEW TODAY! Fees are due by March 31, 2026!

<i>Office use only:</i>		
<input type="checkbox"/> Ck _____	<input type="checkbox"/> CC	<input type="checkbox"/> PP
<input type="checkbox"/> QCK	<input type="checkbox"/> ADB	<input type="checkbox"/> WDB
<input type="checkbox"/> JRNP	<input type="checkbox"/> LDR	<input type="checkbox"/> CRD

Please complete this form and return it to the ROUNDALAB Office.

Last Name(s) _____ First Name(s): _____

Mailing address: _____

Email address: _____ Phone Number: _____

Membership Category: Full Associate Cuer Emeritus Affiliate Honorary

**Honorary members please complete this form even if no fees are due. This will indicate your intention to remain an active Honorary member.*

TOTAL other side (ALL fees) \$ _____

Donation to ROUNDALAB (optional, not tax deductible) \$ _____

TOTAL..... \$ _____

IMPORTANT! Dues amounts are based upon when your dues are received by the office, NOT when the envelope is postmarked. If mailing, please allow adequate time for delivery.

Payment type (*payment must be completed by the deadline for the selected rate*):

- Check Enclosed – Checks made payable to “ROUNDALAB” (US Dollars, US Bank only)
- Zelle payment (cash amount) to roundalab@roundalab.org.
- Online with Credit Card – Use the link provided at the website
- Request Electronic Invoice
- Credit Card – **DO NOT email this form with card information.**

International members please note that most international cards are declined when charged from the home office. Please consider website links or electronic invoice.

Card number: _____ Exp. Date (mm/yy) _____ CVV _____

Name as appears on card: _____

Card billing address: _____

Mail to: ROUNDALAB, PO Box 1928, Auburn, ME 04211

IMPORTANT INFORMATION ~ PLEASE READ

By renewing this ROUNDALAB membership, I/we agree that ROUNDALAB may utilize my/our contact information and/or image (photo, video or auditory recording, documents, etc.) provided by me/us or captured at a ROUNDALAB event/function in publications, including electronic publications or web sites, public presentations, or on other related materials, produced by the ROUNDALAB organization.

*If you **DO NOT** wish to have your personal contact information and class/dance information displayed on the public side of ROUNDALAB web pages that may be viewed by non-members (the public), **check here:** _____ I/We understand that RAL committee contact information and cue sheets posted in any area of a ROUNDALAB website are not included in this provision and may sometimes be viewable by non-members.*

By renewing this ROUNDALAB membership, I/we agree to abide by the current ROUNDALAB Code of Ethics. The Code of Ethics may be viewed at roundalab.org on the homepage under General Information or in the ROUNDALAB Bylaws.

Select appropriate fee schedule

All RAL members cueing or teaching within the U.S. MUST have BMI/ASCAP and SESAC licenses, regardless of the country in which you reside. If you teach/cue line dancing as part of round/square dance events, be sure to add the line dance rider. If you purchase performance licenses through another organization, you **must** provide proof of license with your renewal.

Please review your choices carefully.

This form has been modified from previous year's form.

Early discount, late penalties, and journal subscription have separate entries.

	Check/Cash	Card/PayPal	Amount
_____ U.S., 51 or fewer events per year	\$355.00	\$374.00	\$ _____
_____ Optional Line Dance Rider *	\$25.00	\$26.00	\$ _____
_____ U.S., 52 or more events per year	\$421.00	\$443.50	\$ _____
_____ Optional Line Dance Rider *	\$29.00	\$30.00	\$ _____
_____ U.S., Affiliate (includes insurance)	\$177.00	\$186.00	\$ _____
_____ International Member or Affiliate	\$133.00	\$140.00	\$ _____
_____ Emeritus (no late fees)	\$67.00	\$70.00	\$ _____
_____ US membership (license purchased elsewhere*)	\$177.00	\$186.00	\$ _____
* You MUST include proof of current license. YOUR NAME must be on the proof. Teaching partners will not be licensed.			
_____ US membership (SESAC only, BMI/ASCAP elsewhere*)	\$243.00	\$256.00	\$ _____
* You MUST include proof of current license. YOUR NAME must be on the proof. Teaching partners will not be licensed.			
_____ Early Discount (payment received by 2/15)	\$7.00	\$7.00	deduct \$ _____
_____ Late Penalty (payment received after 4/1)	\$25.00	\$26.00	add \$ _____
_____ Optional printed edition of RAL JOURNAL			
Domestic postage (US only)	\$35.00	\$37.00	
Canadian address *	\$40.00	\$42.00	
International address *	\$45.00	\$48.00	\$ _____

* These rates have been increased to cover significantly higher international mail rates.

TOTAL ALL FEES (transfer total to other side) \$ _____

Fees base: Membership \$140, Insurance \$46, Licensing \$188.00 (<51) or \$257.50 (>51)
Changes from 2025: Dues +\$5, insurance +\$2, license rate: <51 no change, >51 +\$2