



Golden State Bonsai Federation

www.gsbonsaifed.org

APPLICATION FOR CLUB MEMBERS AND VOLUNTEER ACCIDENT INSURANCE

April 1, 2026 - March 31, 2027

This form may be filled out by hand or computer and mailed to us.

Club Name: _____ **Date:** _____

Representative's Name: _____ **Title:** _____

Phone #: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Meeting Location Name: _____

Meeting Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Number of Club Members? _____

This policy provides funds, up to \$25,000 per claim, to assist with insurance deductibles and other medical related costs because of injuries occurring to club members and volunteers while performing work related to bonsai club operations or participating in club sponsored events.

The **2026** premium is **\$150** for clubs with **50** members or fewer, and **\$3.00** per member for clubs with greater than fifty members. (e.g., If a club has 72 members, the cost is \$216 [\$3.00 x 72]).

Make check (preferably one) payable to: GSBF and mail to: GSBF, P.O. Box 340694, Sacramento, CA 95834

Please contact Dodie Newman, Treasurer with any questions at gsbonsaifed@gmail.com.