



# Dance Masters of America, Inc.

## Application for Membership

---

Date received by Chapter \_\_\_\_\_ Date received by the National Office \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Number of years you have studied dance \_\_\_\_\_

Number of years you have taught dance \_\_\_\_\_

Do You own your own dance school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give the name of the dance school \_\_\_\_\_

If no, please give the name of the school(s) you are currently employed to teach dance and the name of the studio owner.

Studio Name \_\_\_\_\_ Owner \_\_\_\_\_

Studio Name \_\_\_\_\_ Owner \_\_\_\_\_

Check the dance subject(s) you actively teach at this time.

Ballet \_\_\_ Pointe \_\_\_ Tap \_\_\_ Jazz \_\_\_ Lyrical \_\_\_ Modern \_\_\_

Contemporary \_\_\_\_\_ Hip Hop \_\_\_\_\_ Acrobatics \_\_\_\_\_ Other \_\_\_\_\_

Have you ever applied for membership in the Dance Masters of America, Inc.?

No \_\_\_ Yes \_\_\_ Chapter # \_\_\_\_\_ Year Applied \_\_\_\_\_

Are you reapplying for membership? No \_\_\_ Yes \_\_\_

**PART II**

With the signing of this application, I do hereby acknowledge that the information given on page one (1) of this document is complete and honest, and that my membership in the Dance Masters of America, Inc. has been made through one of its Affiliated Chapters.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Application was submitted to Chapter

**PART III - CERTIFIED ACTIVE MEMBERSHIP**

I do hereby affirm that the above named applicant has passed with a satisfactory grade, Dance Masters of American Examination(s) and has proven his/her qualifications as a bona fide teacher in the dance subjects indicated below.

The above named Applicant received the following grades:

Acrobatics Grade \_\_\_\_\_%                      Modern Grade \_\_\_\_\_%

Ballet Grade \_\_\_\_\_%                      Tap Grade \_\_\_\_\_%

Jazz Grade \_\_\_\_\_%

A Certification from Royal Academy \_\_\_\_\_

After completing the membership process in Chapter# \_\_\_\_\_ the Applicant was approved as a Certified Active Member of our Chapter on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Affiliated Chapter Secretary

\_\_\_\_\_  
Date

**PART IV – DEGREED MEMBERSHIP**

I, \_\_\_\_\_ the Secretary of Affiliated Chapter # \_\_\_\_\_ have reviewed this Membership Application and do hereby affirm that it is complete, with the required Chapter Approved documentation and signatures.

After completing the membership process in Chapter# \_\_\_\_\_ the Applicant was approved as a Certified Active Member of our Chapter on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Affiliated Chapter Secretary

\_\_\_\_\_  
Date

**PART V - PROFESSIONAL MEMBERSHIP**

I, \_\_\_\_\_ the Secretary of Affiliated Chapter # \_\_\_\_\_ have reviewed this Membership Application and do hereby affirm that it is complete, with the required Chapter Approved documentation and signatures.

After completing the membership process in Chapter# \_\_\_\_\_ the Applicant was approved as a Certified Active Member of our Chapter on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Affiliated Chapter Secretary

\_\_\_\_\_  
Date

**Note:** The Dance Masters of America, Inc. prohibits discrimination on the basis of race, color, religion, creed, sex, marital status, sexual orientation, national origin or disability.

**To all Affiliated Chapter Secretaries,  
As Chapter Secretary, you are personally responsible for the immediate submission of this application - Payment of National dues and copies of examinations and/or documentation to: Dance Masters of America c/o Ruby Toy  
21 Edison Drive, Huntington Station, NY 11746**