

Dance Masters of America, Inc.

Application for Membership

Note: The Chapter to which you have applied for membership will advise you as to the amount of membership dues and fees you must pay to both the National and Chapter Organizations. 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 in the treatment of participants in access to or content of its program.

Name of Applicant _____

Home Address _____

City _____ State _____ Zip Code _____

Home Telephone (Area Code) _____

Cell Telephone (Area Code) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Work Telephone (Area Code) _____

E-Mail Address _____

Date of Birth _____ Number of years you have taught dance _____

Do you own your own school? Yes _____ No _____

If yes, please give the name of the 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 _____

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

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

No _____ Yes _____ Chapter # _____ Year Applied _____

List the teachers you have studied with, the subject(s) studied and the number of years.

Name _____ Subject(s) _____ From _____ To _____

Name _____ Subject(s) _____ From _____ To _____

Name _____ Subject(s) _____ From _____ To _____

ALL APPLICANTS

THE APPLICANT AND TWO DMA MEMBERS IN GOOD STANDING MUST SIGN THIS SECTION

With the signing of this application, I do hereby acknowledge that my membership in the Dance Masters of America, Inc. has been made through one of the Affiliated Chapters of the Dance Masters of America, Inc., with the approval of its Membership. I further agree to take the Membership Examination(s), given by the appointed Certified Examiners of the DMA Chapter # _____. I understand that the passing of said examinations shall be a prerequisite for membership in the Dance Masters of America, Inc.

Signature of Applicant _____

Recommended by _____ Chapter # _____

(Must be a Member in Good Standing of DMA)

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(Must be a Member in Good Standing of DMA)

CERTIFIED MEMBERSHIP

THIS SECTION MUST BE COMPLETED AND SIGNED BY THE CERTIFIED EXAMINERS WHO ADMINISTERED THE CERTIFIED MEMBERSHIP EXAMINATION(S) TO THE APPLICANT.

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

The above named Applicant received the following grades:

Ballet	Grade _____%	Acrobatics	Grade _____%
Tap	Grade _____%	Gymnastics	Grade _____%
Jazz	Grade _____%	Ballroom	Grade _____%
Hula	Grade _____%	Modern	Grade _____%

Certificate from _____ submitted in lieu of DMA Examination(s)

Signature of Certified Examiner _____ Date _____

Signature of Certified Examiner _____ Date _____

DEGREED MEMBERSHIP

THIS SECTION MUST BE COMPLETED BY THE CHAPTER SECRETARY

In accordance with the Bylaws of the Dance Masters of America, Inc. and the Bylaws of Affiliated Chapter # _____ the following documentation was provided by the Applicant for Degreed Membership status.

List documentation used to verify certification.

Copies of said documentation must be attached to the application.

Signature of Chapter Secretary _____ Date _____

PROFESSIONAL MEMBERSHIP

THIS SECTION MUST BE COMPLETED BY THE CHAPTER SECRETARY

In accordance with the Bylaws of the Dance Masters of America, Inc. and the Bylaws of Affiliated Chapter # _____ the following documentation was provided by the Applicant for Professional Membership status.

List documentation used to verify certification.

Copies of said documentation must be attached to the application.

Signature of Chapter Secretary _____ Date _____

I have reviewed this Membership Application and do hereby affirm that it is complete, with the necessary documentation and signatures that are required. As Chapter Secretary, I am submitting this Application along with a Chapter check in payment of the Applicant's National Dues and copies of said examinations and/or documentation to the National Executive Secretary – Robert Mann, 214-10 41st Avenue, Bayside, NY 11361.

Signature of Chapter Secretary _____ Date _____