



Membership Application

First Name : _____ Last Name: _____

Your name as you want it on your membership certificate: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Are you at least 18 years of age? _____ Date of Birth (optional): _____

How long have you been teaching dance? _____

Do you want your mail sent to your home or to your studio? Home Studio

Studio Name: _____

Studio Address: _____

City: _____ State: _____ Zip: _____

Studio Phone: _____ Studio Website: _____

Level of education: High School graduate College graduate Post graduate

Please list college(s) and major(s) if applies: _____

Please list schools/teachers from whom you received most of your dance education: _____

List other dance associations to which you belong: _____

What dance disciplines are you trained to teach? Ballet Tap Jazz Modern Ballroom Other: _____

I will attend: Training School Dance 'n More and/or Convention at the CNADM Summer Dance Workshop

and will test in: Ballet Tap Jazz Modern (only 2 dance disciplines are required)

and I will test on: Sunday Thursday

*By signing below, I indicate that I wish to become a member of Chicago National Association of Dance Masters.
I will take the oral and written examinations in two or more dance disciplines. If I qualify for membership,
I will adhere to the code of ethics of this association.*

PLEASE ATTACH A CHECK MADE OUT TO CNADM FOR \$35.00 TO COVER THE APPLICATION FEE.

Date: _____ Signature: _____

Return to: CNADM, 220 E. State St., Ste. G • Rockford, IL 61104