



Chicago National Association of Dance Masters  
**APPLICATION *for* MEMBERSHIP**  
*Through Reciprocity*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Studio Name: \_\_\_\_\_

Studio Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

I am a:  Studio Owner  Studio Teacher

Do you want your mail sent to your:  Home  Studio

I am currently a member of \_\_\_\_\_  
and wish to become a member of Chicago National Association of Dance Masters through reciprocity. I have been a member in good standing of the above stated organization since \_\_\_\_\_.

I have passed exams in the following dance disciplines:  Ballet  Tap  Jazz

I am enclosing the current year's dues of \$120.00. I verify that the above information is correct.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

PLEASE ATTACH A CHECK MADE OUT TO CNADM FOR \$120.00.

Return to:  
Kathy Velasco, Managing Director  
CNADM  
220 E. State St. Suite G  
Rockford, IL 61104  
815-397-6052 • Fax 815-397-6799