



Application for Membership

Last Name: _____ First Name: _____

Do you use any other name in your business? If so, what? _____

Are you over 18 years of age? _____ Date of birth (optional): _____

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

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email Address: _____

Are you a studio owner? _____ Are you a teacher at a dance studio? _____

Studio Name: _____

Studio Address: _____

City: _____ State: _____ Zip: _____

Studio Phone: _____ Studio Web Site: _____

Do you want your mail sent to your home or to your studio? _____

How long have you been teaching dance? _____

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 _____

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 \$25.00 TO COVER THE APPLICATION FEE

Date: _____ Signature: _____

Return to: CNADM, Attention: Kathy Velasco • 220 E. State St., Suite G • Rockford, IL 61104