



# Membership Application

First Name : \_\_\_\_\_ Last Name: \_\_\_\_\_

Your name as you want it on your membership certificate: \_\_\_\_\_

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

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

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

I will attend:  Training School (Summer)  Dance 'n More (Summer)  Convention (Summer)  Teacher Workshop (Fall)

I will test on:  Sunday Afternoon (Summer)  Thursday Afternoon (Summer)  Friday Evening (Fall)

*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: \_\_\_\_\_