



Dance Masters of America, Inc.

Application for Membership

Date received by Chapter _____ Date received by the National Office _____

Name of Applicant: _____

Home Address: _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone: _____

E-Mail Address _____

Date of Birth _____

Number of years you have studied dance _____

Number of years you have taught dance _____

Do You own your own dance school? Yes _____ No _____

If yes, please give the name of the dance 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 _____

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

Ballet ___ Pointe ___ Tap ___ Jazz ___ Lyrical ___ Modern ___

Contemporary _____ Hip Hop _____ Acrobatics _____ Other _____

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

No ___ Yes ___ Chapter # _____ Year Applied _____

Are you reapplying for membership? No ___ Yes ___

PART II

With the signing of this application, I do hereby acknowledge that the information given on page one (1) of this document is complete and honest, and that my membership in the Dance Masters of America, Inc. has been made through one of its Affiliated Chapters.

Signature of Applicant

Date Application was submitted to Chapter

PART III - CERTIFIED ACTIVE MEMBERSHIP

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

The above named Applicant received the following grades:

Acrobatics Grade _____% Modern Grade _____%

Ballet Grade _____% Tap Grade _____%

Jazz Grade _____%

____ A certification from Royal Academy Royal Academy of Dancing-Elementary Examination

____ A certificate from Cecchetti Teachers Elementary Examination (formerly known as Grade V)

____ A certificate from DMA Teachers Training School Examination

After completing the membership process in Chapter# _____ the Applicant was approved as a Certified Active Member of our Chapter on the _____ day of _____ 20 _____

Signature of Affiliated Chapter Secretary/Treasurer

Date

PART IV – Please check one of the following:

____ **Degreed Membership** ____ **Professional Membership** ____ **Partnering Membership**

I, _____ the Secretary/Treasurer of Affiliated Chapter # _____ have reviewed this Membership Application and do hereby affirm that it is complete, with the required chapter approved documentation and signatures.

After completing the membership process in Chapter# _____ the Applicant was approved as a

____ Degreed Member ____ Professional Member ____ Partnering Member

of our Chapter on the _____ day of _____ 20 _____

Signature of Affiliated Chapter Secretary/Treasurer

Date

Note: 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.

To all Affiliated Chapter Secretaries,
As Chapter Secretary, you are personally responsible for the immediate submission of this application - Payment of National dues and copies of examinations and/or documentation to:

Dance Masters of America
c/o Ruby Toy
75-30 196th Street
Fresh Meadows, NY 11366