

# Dance Masters of America, Inc.

## Application for Membership

**Note:** The Chapter to which you have applied for membership will advise you as to the amount of membership dues and fees you must pay to both the National and Chapter Organizations. 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 in the treatment of participants in access to or content of its program.

Date Received by Chapter \_\_\_/\_\_\_/\_\_\_ Date Received by National Office \_\_\_/\_\_\_/\_\_\_

Name of Applicant \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone (Area Code) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Telephone (Area Code) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Telephone (Area Code) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_ @ \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

Number of years you have taught dance \_\_\_\_\_

Do you own your own school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give the name of the 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 \_\_\_

Contemporary \_\_\_ Hip Hop \_\_\_ Acrobatics \_\_\_ Other \_\_\_\_\_

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

No \_\_\_ Yes \_\_\_ Chapter # \_\_\_\_\_ Year Applied \_\_\_\_\_

List the teachers you have studied with, the subject(s) studied and the number of years.

Name \_\_\_\_\_ Subject(s) \_\_\_\_\_ Number of Years \_\_\_\_\_

Name \_\_\_\_\_ Subject(s) \_\_\_\_\_ Number of Years \_\_\_\_\_

Name \_\_\_\_\_ Subject(s) \_\_\_\_\_ Number of Years \_\_\_\_\_

Name \_\_\_\_\_ Subject(s) \_\_\_\_\_ Number of Years \_\_\_\_\_

**PART II - ALL APPLICATES FOR MEMBERSHIP IN DMA**

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, with the approval and consent of its Membership.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Application was submitted to Chapter

**PART III – ALL APPLICANTES FOR - CERTIFIED ACTIVE MEMBERSHIP**

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

The above named Applicant received the following grades:

Ballet Grade _____%	Acrobatics Grade _____%
Tap Grade _____%	Gymnastics Grade _____%
Jazz Grade _____%	Ballroom Grade _____%
Hula Grade _____%	Modern Grade _____%

The following Certification Certificate issued by \_\_\_\_\_ was submitted in lieu of the DMA \_\_\_\_\_ Examination(s)

After completing the membership process in Chapter # \_\_\_\_\_ the Applicate was approved as a Certified Active Member of our Chapter on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_\_.

\_\_\_\_\_  
Signature of Chapter Secretary      Date

**PART IV – ALL APPLICANTES FOR - DEGREED MEMBERSHIP IN DMA**

I, \_\_\_\_\_ the Secretary of DMA Affiliated Chapter # \_\_\_\_\_, I have reviewed this Membership Application and do hereby affirm that it is complete, with the required, necessary and Chapter Approved documentation and signatures.

\_\_\_\_\_  
Signature of the Affiliated Chapter Secretary

**PART V – ALL APPLICANTS FOR - PROFESSIONAL MEMBERSHIP IN DMA**

I, \_\_\_\_\_ the Secretary of DMA Affiliated Chapter # \_\_\_\_\_, have reviewed this Membership Application and do hereby affirm that it is complete, with the required, necessary and Chapter Approved documentation and signatures.

\_\_\_\_\_  
Signature of the Affiliated Chapter Secretary

**TO ALL AFFILIATED CHAPTER SECRETARIES - AS CHAPTER SECRETARY, YOU ARE PERSONNALLY RESPOSIBLE FOR THE IMMEDIATE SUBMISSION OF THIS APPLICATION - PAYMENT OF NATIONAL DUES & COPIES OF SAID EXAMINATIONS AND/OR DOCUMENTATION TO THE NATIONAL EXECUTIVE SECRETARY – ROBERT MANN, 214-10 41<sup>ST</sup> AVENUE, BAYSIDE, NY 11361.**