



Dance Masters of America, Inc.

Application for Membership

Date received by Chapter: _____ Date received by 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 ___ Hip Hop ___ Acrobatics ___ Contemporary

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 on page one (1) of this document is complete and honest, and that my membership in Dance Masters of America, Inc. has been made through one of its Affiliated Chapters.

Signature of Applicant

Date 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 America 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:

Ballet Grade _____% Jazz Grade _____% Tap Grade _____%
Acrobatics Grade _____% Modern Grade _____%

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

_____ A certificate from Cecchetti Teachers Intermediate Examination

_____ A certificate from Acrobatic Arts (Module 1 & 2 Required and is only good for Acrobatics Certification)

_____ 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 member of our Chapter on the _____ day of _____ 20_____

Signature of Affiliated Chapter Secretary/Treasurer

Date

Note: 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/Treasurers,
As Chapter Secretary/Treasurer, you are 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