



Dance Masters of America, Inc.

Transfer of Membership Form

TO BE COMPLETED AND MAILED BY THE MEMBER

Name of Member _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home _____ Cell _____

Email _____

I am a: ___ Certified Active/CE ___ Honorary Certified Active/CE ___ Professional/CE
___ Degreed/CE ___ Life

I am certified by test to teach in the following subjects ___ Ballet ___ Jazz ___ Tap
___ Modern ___ Acrobatics

I wish to transfer my DMA Membership from Chapter # _____ to Chapter # _____

My reason for transfer is _____

I have paid my National Dues through August 31st 20_____ through Chapter # _____

I have paid my Chapter Dues and Assessments through August 31st 20_____ to Chapter # _____

I hereby state that I am a member in good standing and have no past or pending disciplinary actions against me.

Signature of Member

Date Mailed

Email or Mail this form to:
Dance Masters of America
C/O Charleen Locascio
4621 Reich Street
Metairie, LA 70006
Telephone: 504-454-1376
dmatreas@bellsouth.net