

# 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.

### THIS SECTION MUST BE COMPLETED BY APPROPRIATE PARTIES

Date Application Received at Chapter # _____	Month _____	Day _____	Year _____
Date Certification Examination Given _____	Month _____	Day _____	Year _____
Date Degreed Membership Verification was Submitted _____	Month _____	Day _____	Year _____
Date Professional Membership Verification was Submitted _____	Month _____	Day _____	Year _____
Date Membership Approved by Chapter _____	Month _____	Day _____	Year _____
Date Application Received at National Office _____	Month _____	Day _____	Year _____
Date National Dues Payment Received _____	Month _____	Day _____	Year _____
Date National Dues Posted _____	Month _____	Day _____	Year _____
Date Certificate was Mailed _____	Month _____	Day _____	Year _____

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

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

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

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

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

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

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

Work Telephone (Area 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 \_\_\_\_\_

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

\_\_\_\_\_

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) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name \_\_\_\_\_ Subject(s) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name \_\_\_\_\_ Subject(s) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

## ALL APPLICANTS

### THE APPLICANT AND TWO DMA MEMBERS IN GOOD STANDING MUST SIGN THIS SECTION

With the signing of this application, I do hereby acknowledge that my membership in the Dance Masters of America, Inc. has been made through one of the Affiliated Chapters of the Dance Masters of America, Inc., with the approval of its Membership. I further agree to take the Membership Examination(s), given by the appointed Certified Examiners of the DMA Chapter # \_\_\_\_\_. I understand that the passing of said examinations shall be a prerequisite for membership in the Dance Masters of America, Inc.

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

Recommended by \_\_\_\_\_ Chapter # \_\_\_\_\_

(Must be a Member in Good Standing of DMA)

Recommended by \_\_\_\_\_ Chapter # \_\_\_\_\_

(Must be a Member in Good Standing of DMA)

## CERTIFIED MEMBERSHIP

### THIS SECTION MUST BE COMPLETED AND SIGNED BY THE CERTIFIED EXAMINERS WHO ADMINISTERED THE CERTIFIED MEMBERSHIP EXAMINATION(S) TO THE APPLICANT.

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 _____%

Certificate from \_\_\_\_\_ submitted in lieu of DMA Examination(s)

Signature of Certified Examiner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Certified Examiner \_\_\_\_\_ Date \_\_\_\_\_

**DEGREED MEMBERSHIP**

**THIS SECTION MUST BE COMPLETED BY THE CHAPTER SECRETARY**

In accordance with the Bylaws of the Dance Masters of America, Inc. and the Bylaws of Affiliated Chapter #\_\_\_\_\_ the following documentation was provided by the Applicant for Degreed Membership status.

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

**PROFESSIONAL MEMBERSHIP**

**THIS SECTION MUST BE COMPLETED BY THE CHAPTER SECRETARY**

In accordance with the Bylaws of the Dance Masters of America, Inc. and the Bylaws of Affiliated Chapter #\_\_\_\_\_ the following documentation was provided by the Applicant for Professional Membership status.

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

I have reviewed this Membership Application and do hereby affirm that it is complete, with the necessary documentation and signatures that are required. As Chapter Secretary, I am submitting this Application along with a Chapter check in payment of the Applicant's National Dues and copies of said examinations and/or documentation to the National Executive Secretary – Robert Mann, 214-10 41<sup>st</sup> Avenue, Bayside, NY 11361.

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