

# JUNIOR MEMBERSHIP



# APPLICATION

Date \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP

PHONE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SADM MEMBER \_\_\_\_\_

STUDIO NAME \_\_\_\_\_

STUDIO ADDRESS \_\_\_\_\_

STUDIO PHONE \_\_\_\_\_

TYPES OF DANCE STUDIED \_\_\_\_\_

# YEARS STUDIED \_\_\_\_\_

CONVENTIONS ATTENDED \_\_\_\_\_

Attach a brief essay explaining why you would like to become a Junior Member in this organization and how you would be an asset to the association.

\_\_\_\_\_  
SADM Member Signature

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

*Applications must be postmarked by July 1<sup>st</sup>.  
Mail the completed form with the \$20.00 membership fee to:  
Cari DuVall- Junior Memberships  
2121 Sandlewood Lane, Little Rock, AR. 72211*

***Only checks payable to SADM from SADM Member teachers will be accepted.  
Please do not send cash.***