

SOUTHERN ASSOCIATION OF DANCE MASTERS

Application for Membership

I hereby apply for membership in the Southern Association of Dance Masters, an approved, qualified and accrediting association of Dance Educators and a member of Unity (National Council of Dance Teacher Organizations).

Please circle Membership status you are applying for:

Active Membership

Certified Student Membership

QUALIFICATIONS:

Active Membership –

- Must be at least 18 years of age
- Actively engaged as a teacher or assistant teacher of dance for no less than two years prior to the date of this application
- Recommended by two members of the Association who are in Good Standing or provide two letters of recommendation by professionals in the field of dance who can vouch for the applicant's good moral character, together with his or her qualifications as a teacher of dance.
- The Active Membership fee is \$20.00 if received two (2) weeks prior to taking the examination. Applications postmarked after that time must include an additional \$10.00 late fee.
- Active Members pay annual dues

Certified Student Membership –

- Must be age 16 -17
- Actively engaged as a teacher or assistant teacher of dance for no less than two years prior to the date of this application
- Recommended by two members of the Association who are in Good Standing or provide two letters of recommendation by professionals in the field of dance who can vouch for the applicant's good moral character, together with his or her qualifications as a teacher of dance.
- The Certified Student Membership fee is \$40.00 if received two (2) weeks prior to taking the examination. Applications postmarked after that time must include an additional \$10.00 late fee.
- CSM do not pay dues until they are obligated into full Membership

EXAMINATION:

- Examination is required for either membership. Exams may be taken in the field of tap, ballet, or jazz. A passing grade of 80 or above in at least one field is required for membership. Exams taken in acrobatics must be taken in conjunction with at least one of the approved area.
- Applicants are urged to be examined in all areas to improve knowledge.
- All applicants are voted on by the general membership before being obligated into active membership.

(PLEASE PRINT OR TYPE)

1. _____
First Name Middle Name Last Name

2. _____
Home Address City State Zip Code

3. _____
Business Address City State Zip Code

4. _____
Date of Birth _____ Email Address _____

5. S.A.D.M. members recommending your application for membership.

1. _____ 2. _____

If you have no sponsors, you must attach two (2) letters of recommendation.

6. Do you own your own studio? _____ If yes, Studio Name _____

7. Length of time operating studio at present address? _____

8. I will take written and oral examinations in one or more subjects to qualify. _____ (Yes)

9. I have included my application fee. _____ (Yes)

Date of application _____ Signature _____ Phone number _____

Circle tests to be taken:

TAP

BALLET

JAZZ

ACROBATICS

**Mail Application To:
Chief Examiner
Tracy Hannon
6240 Stage Plaza East
Bartlett, TN. 38134**

For Examiner's Use Only

Grades in each area:

Tap _____ Ballet _____ Jazz _____ Acrobatics _____

Obligated on _____ (date) for _____ (area)

Additional areas certified: _____ (date) _____ (area)

_____ (date) _____ (area)

_____ (date) _____ (area)