

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).

QUALIFICATIONS: Active Membership –

- Must be at least 16 years of age
- Actively engaged as a teacher or assistant teacher of dance for not less than two years prior to the date of this application
- Recommended by two members of the Association who are in Good standing

*Examination is required for active 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 upon passing examination.

(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 will enclose my application fee. The 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. (Total \$30.00)

Date of application

Signature

Phone number

Circle tests to be taken:

TAP

BALLET

JAZZ

ACROBATICS

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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)