



SOUTHERN ASSOCIATION OF DANCE MASTERS
**Application for Membership
Through Reciprocity**

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Studio Name: _____

Studio Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I am a: Studio Owner Studio Teacher

Do you want your mail sent to your: Home Studio

I am currently a member of: _____ and wish to become a member of the Southern Association of Dance Masters through reciprocity. I have been a member in good standing of the above stated organization since _____.

I am certified in: _____

I am enclosing the current year's dues of \$60.00. I verify that the above information is correct.

Date: _____ Signature: _____

PLEASE ATTACH A CHECK MADE OUT TO SADM FOR \$60.00

Return to:

Tracy Hannon
Chief Examiner, SADM
6240 Stage Plaza East
Bartlett, TN. 38134