

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 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 one member of the Association who is 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 \$30.00 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 (CSM)

- 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 one member of the Association who is 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.
- A CSM does not pay dues until he/she is 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.

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SECTION 1: Personal Information (please print or type)

Please check Membership status you are applying for: Active Membership CSM

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

E-MAIL ADDRESS: _____

SECTION 2: Studio Information (please print or type)

Do you own your own studio: Yes No

LENGTH OF TIME OPERATING STUDIO AT PRESENT ADDRESS: _____

STUDIO NAME: _____

STUDIO ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SECTION 3: References (please print or type)

SADM member recommending your application for membership: _____

If you do not have a SADM Member sponsor, you must attach two (2) letters of recommendation.

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SECTION 4: Testing Information (please print or type)

I will take written and oral examinations in one or more subjects to qualify Yes No

I have included my application fee Yes No

Please mark which test will be taken:

TAP BALLET JAZZ ACROBATICS

Signature: _____ Date: _____

Mail Application To:
Chief Examiner Rosemary Turner
39 Wesleyan Place
Dallas, GA. 30132
770-505-0525
404-644-6795
rsturner@mindspring.com

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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)