

Southern Association of Dance Masters
Junior Ambassador Application



DATE: _____

NAME: _____ TSHIRT SIZE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ BIRTHDATE: _____ AGE: _____

EMAIL ADDRESS: _____

SPONSORING SADM MEMBER: _____

STUDIO NAME: _____ STUDIO PHONE: _____

STUDIO ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TYPES OF DANCE STUDIED: _____

YEARS STUDIED: _____ CONVENTIONS ATTENDED: _____

Please attach a headshot and brief essay explaining why you would like to become a Junior Ambassador in this organization and how this would be beneficial to you.

SADM Member Signature: _____ Applicant Signature: _____

Applications must be postmarked 3-weeks prior to Convention date. The only checks that will be accepted are checks from SADM Certified Teachers made out to SADM. Please do not send cash.

Mail the completed form with the \$25.00 membership fee to:

SADM Junior Ambassadors
c/o Cheyenne Johnson
3147 Lichen Dr.
Bartlett, TN 38134