



**Certified Teacher
Member Application**
through reciprocity with CNADM

**** Applications must be RECEIVED by July 5, 2024 ****

PERSONAL INFORMATION

Applicant Name _____ Gender: M F

_____ Date of Birth _____
Month/Day/Year

Home Address _____
Street Apt.

_____ *City State Zip*

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____

STUDIO INFORMATION

Name of Studio _____

What is your association with this studio? Studio Owner How long? _____

Teacher Assistant Teacher Student

Studio Address _____
Street Apt.

_____ *City State Zip*

Studio Phone (____) _____

RECIPROCAL MEMBERSHIP INFORMATION

CNADM Membership Date of Examination/Obligation (Year) _____

CNADM Certification (*check all that apply*):

Ballet Jazz Tap Modern

Additional CNADM Certifications:

Certified Dance Educator Master Dance Educator

SADM/CNADM Reciprocal Membership Application

CONCENT AND AGREEMENT

I hereby apply for membership in the Southern Association of Dance Masters. In doing so, I affirm that I have not violated any SADM codes of ethics in the past, and I pledge to uphold said code in the future. I attest that the information contained in this application is correct and complete to the best of my knowledge. I am aware that the failure to complete this application, intentional omissions, or misstatements may result in refusal of acceptance into membership or dismissal. This authorization and consent for release of personal information acknowledges that SADM may now, or at any time, conduct investigations related to possible ethics violations. I understand that these searches and reference verifications will be used to determine adherence to the SADM bylaws, policies, and code of ethics. Therefore, I authorize and consent for full release of records to the authorized representatives of SADM. In addition, I release and discharge SADM and its agents and associates to the full extent permitted by law from any claims, damages, losses, liabilities, expenses or any other charges or complaints filed with any agency arising from retrieving and reporting this information. I release all such references from liability for furnishing such evaluations, provided they do so in good faith and without malice. I waive any right I may have to inspect references and information provided on by behalf.

Applicant's Signature: _____ Date: _____

Please mail your application to be received before the deadline. Payment of current year's dues (\$80) MUST be included with application. Make checks payable to SADM. CNADM membership in good standing will be verified prior to acceptance of membership application.

Mail payment and application to:

Rosemary Turner
SADM Chief Examiner
360 Canadaville Loop
Eads, TN 38028
404-644-6795
2ndvicepresident@sadm.org

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