

**Dance Masters of Wisconsin**  
Application for Membership *(please print)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Are you 18 years old or older?  Yes  No Date of birth (optional) \_\_\_ / \_\_\_ / \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone: \_\_\_ / \_\_\_ / \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Do you operate your own studio?  Yes  No If so, for how long? \_\_\_\_\_

Are you a teacher at a dance studio?  Yes  No If so, for how long? \_\_\_\_\_

Studio Name \_\_\_\_\_

Studio Address \_\_\_\_\_ Studio Phone: \_\_\_ / \_\_\_ / \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you a member of any other Dance Associations?  Yes  No

If so, please list the name of the organization(s) \_\_\_\_\_

Disciplines of dance that you teach:  Ballet  Tap  Jazz  Modern  Ballroom Other \_\_\_\_\_

Years of training in each subject, and with whom:

Ballet: \_\_\_\_\_

Tap: \_\_\_\_\_

Jazz: \_\_\_\_\_

Other: \_\_\_\_\_

Please give 2 character references including addresses and phone numbers:

1. Name \_\_\_\_\_ 2. Name \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_ / \_\_\_ / \_\_\_\_\_ Phone: \_\_\_ / \_\_\_ / \_\_\_\_\_

**I am enclosing the application fee of \$20.00. I am enclosing a separate check for my membership dues of \$50.00.** I verify that the above information is correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: DMW Business Office; 417 Haskell Street; Beaver Dam, WI 53916  
**ATTACHED ARE MY TWO CHECKS MADE OUT TO "DMW": ONE FOR \$20.00 and ONE FOR \$50.00**