

Dance Masters of Wisconsin
Application for Membership
Via Reciprocity

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: ___-___-____ / ___-___-____ / _____ Studio Phone: ___-___-____ / ___-___-____ / _____

Studio Name: _____

Studio Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Do you operate your own studio? Yes No Are you a dance teacher? Yes No

Do you want your mail sent to your: Home address Studio Address

I _____, am currently a member of _____,

and wish to become a member of the Dance Masters of Wisconsin through reciprocity. I have been a member in good standing of the above organization for _____ years.

I have passed exams in the following dance disciplines: Ballet Tap Jazz Other _____

I am enclosing the current year's dues of \$50.00. I verify that the above information is correct to the best of my knowledge.

Signature: _____ Date: _____

ATTACHED IS MY CHECK MADE OUT TO 'DMW'

FOR MEMBERSHIP DUES OF \$50.00

Please send to:

MaryAnn Miller, Office Manager
DMW Business Office
417 Haskell Street
Beaver Dam, WI 53916

Please phone 920.887.9796 with any questions.