

DANCE MASTERS OF WISCONSIN RECIPROCITY MEMBERSHIP APPLICATION

Date ____/____/____

Last Name _____ First Name _____ Middle Initial _____

Home Address _____

City _____ State _____ Zip _____ Home

Phone ____/____/____ Email _____

Do you operate your own studio? Y N How long? _____

Are you a teacher at a dance studio? Y N How long? _____

Studio Name _____ Studio Phone ____/____/____

Studio Address _____

City _____ State _____ Zip _____

Where would you prefer your mail be sent: Home address Studio Address

I am currently a member of _____.

I am applying 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 a check for my Reciprocity Membership Application fee of \$10.00. I am also enclosing a check for my current year's Membership Dues of \$60.00.

I verify that the above information is correct to the best of my knowledge.

Signature: _____ Date: _____

I am enclosing two separate checks made out to 'DMW'

- 1) Membership application fee of \$10.00
- 2) Current years Membership dues of \$60.00

Please return to: Dance Masters of Wisconsin, Inc.
Patrice Smith, Business Manager
613 Crawford Drive
Cottage Grove, WI 53527