

# DANCE MASTERS OF WISCONSIN APPLICATION / MEMBERSHIP UPDATE

*Membership applicant:* complete section 1 and 2. *Membership Update:* complete Section 1 only.

## Section 1

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 \_\_\_\_\_

## Section 2

Are you 18 years or older? Y N Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you a member of any other Dance Associations? Y N

List Organizations \_\_\_\_\_

Which dance disciplines do you teach?

\_\_\_\_ Ballet \_\_\_\_ Tap \_\_\_\_ Jazz \_\_\_\_ Modern \_\_\_\_ Hip Hop Other \_\_\_\_\_

Years of training in: \_\_\_\_ Ballet \_\_\_\_ Tap \_\_\_\_ Jazz Other \_\_\_\_\_

Whom did you train with? \_\_\_\_\_

Please indicate disciplines in which you will be testing: \_\_\_\_ Ballet \_\_\_\_ Tap \_\_\_\_ Jazz

Please list two references including address and phone number.

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

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

I am enclosing the application fee of \$25.00. I am also enclosing a check for my first year membership dues of \$60.00. I verify that the above information is correct to the best of my knowledge.

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

Application should be turned in 6 weeks prior to testing.

**Please return to:** Dance Masters of Wisconsin, Inc.  
1260 Milton Ave, Suite 160  
Janesville, WI 53545