

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 two separate checks made out to 'DMW'

- 1) Membership application fee of \$25.00
- 2) Current years 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