



Chicago National Association of Dance Masters
APPLICATION *for* MEMBERSHIP
Through Reciprocity

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Studio Name: _____

Studio Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I am a: Studio Owner Studio Teacher

Do you want your mail sent to your: Home Studio

I am currently a member of _____

and wish to become a member of Chicago National Association of Dance Masters through reciprocity. I have been a member in good standing of the above stated organization since _____.

I am enclosing the current year's dues of \$120.00. I verify that the above information is correct.

Date: _____ Signature: _____

PLEASE ATTACH A CHECK MADE OUT TO CNADM FOR \$120.00.

Return to:
Kathy Velasco, Managing Director
CNADM
220 E. State St. Suite G
Rockford, IL 61104
815-397-6052 • Fax 815-397-6799