

JUNIOR MEMBERSHIP APPLICATION



Date _____

NAME _____

ADDRESS _____

CITY

STATE

ZIP

PHONE _____ BIRTHDATE _____ AGE _____

EMAIL ADDRESS _____

SADM MEMBER _____

STUDIO NAME _____

STUDIO ADDRESS _____

STUDIO PHONE _____

TYPES OF DANCE STUDIED _____

YEARS STUDIED _____

CONVENTIONS ATTENDED _____

Attach a brief essay explaining why you would like to become a Junior Member in this organization and how this would be beneficial to you.

SADM Member Signature

Applicant Signature

*Applications must be postmarked by October 2, 2014
Mail the completed form with the \$20.00 membership fee to:*

Kayla Pennington- Junior Memberships
3253 Club Grove CV.,
Lakeland, TN. 38002

***Only checks payable to SADM from SADM Member teachers will be accepted.
Please do not send cash.***