

**SOUTHERN ASSOCIATION OF DANCE MASTERS
JUNIOR MEMBER APPLICATION**



DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ BIRTHDATE: _____ AGE: _____

EMAIL ADDRESS: _____

SPONSORING SADM MEMBER: _____

STUDIO NAME: _____ STUDIO PHONE: _____

STUDIO ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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 3-weeks prior to Convention date. Only checks payable to SADM from SADM Member Teachers will be accepted. Please do not send cash.

Mail the completed form with the \$20.00 membership fee to:

SADM Junior Memberships
c/o Cheyenne Johnson
3030 Court St.
Bartlett, TN 38134