



# Application *for* Membership *Through Reciprocity*

Name : \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Studio Name: \_\_\_\_\_

Studio Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Studio 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 \_\_\_\_\_.

Please provide the name and phone number of your current organizations president or business manager.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I have passed exams in the following dance disciplines?  Ballet  Tap  Jazz

I am enclosing the current year's dues of \$140.00. I verify that the above information is correct.

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

PLEASE ATTACH A CHECK MADE OUT TO CNADM FOR \$130.00

Return to:  
Kathy Velasco, Managing Director  
CNADM  
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Rockford, IL 61104  
815-397-6282 • Fax: 815-397-6799