



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 the Southern Association of Dance Masters through reciprocity. I have been a member in good standing of the above stated organization since _____.

I am certified in: Tap Ballet Jazz Acro

Date: _____ Signature: _____

I am enclosing the current year's dues of \$80.00. I verify that the above information is correct.
Application and check (made out to SADM) should be submitted to:

SADM Memberships
c/o Rosemary Turner
39 Wesleyan Place
Dallas, GA 330132