

BALLROOM APPLICATION FOR ACTIVE MEMBERSHIP

Name: _____

Address (incl. zip): _____

Telephone Numbers: *home* _____ *cell* _____ *studio* _____

E-Mail Address, _____

Date of Birth (must be over the age of 18): _____

Teachers With Whom You Have Studied (approximate dates) _____

Number of Teaching Years: *NOTE: You must have been actively teaching for at least three years* _____

Former Instruction Experience: Starting Date, Number of Years, Where: _____

Current Instruction Experience: Where (list all) _____

I attest to the fact that the above information is accurate, and I agree to uphold the Code of Ethics, rules, and by-laws of the Dance Teachers' Club of Boston, Inc. and the American Society.

Applicant Signature, _____

Vouched for by two members in good standing of the Dance Teachers' Club of Boston, Inc. and the American Society:

Signature (relationship to applicant)

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Your check of \$155 must accompany this application. Please note that you must be examined within the same season that your name is posted in the DTCB newsletter, and accepted by the grand body (membership). There will be no refunds of money for failure to be tested within this period of time, or for failure to pass the exam.

Please return to secretary: Peggy Whyte Kearsley
24 Stuart St., Watertown, Ma. 02472