PERFORMING ARTS 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:*_____

Current Instruction Experience: Where (list all) and Dance Subjects:_____

_____

_____

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.

I choose to be examined in (circle as many as apply): Ballet Tap Jazz Acro

Applicant Signature: _____

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

_____

(signature) (relationship to applicant)

_____

(signature) (relationship to applicant)

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 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 at least one exam.

Please return to Membership Examiner: Jen Der Garabedian
3 Federal Hill Road
Nashua, NH 03062