PERFORMING ARTS APPLICATION FOR ACTIVE MEMBERSHIP

Name:			
Address (incl. zip)			
Telephone Numbers: <i>home</i>			
E-mail Address:			
Date of Birth (must be over the age of 18): Teachers with Whom You Have Studied (app			
Number of Teaching Years: NOTE: You mus		hing for at least three years:	
Current Instruction Experience: Where (list a			
I attest to the fact that the above informatio and by-laws of the Dance Teachers' Club	on is accurate, and I agree		
I choose to be examined in (circle as many a	as apply): Ballet	Tap Jazz Acro	
Applican	t Signature:		
Vouched for by the following two members in American Society:	n good standing of the Dan	nce Teachers' Club of Boston, Inc. and the	
(Print/Type Name)		(relationship to applicant)	
(Print/Type Name)		(relationship to applicant)	
Your check of \$155 must accompany this applied name is posted in the DTCB newsletter, and account to be tested within this period of time, or for fail	cepted by grand body (memb	bership). There will be no refunds of money	
Please return to Membership Examiner:	Jen Der Garabedian		

Jen Der Garabedian 3 Federal Hill Road Nashua, NH 03062