

ASSOCIATED DANCE TEACHERS OF NEW JERSEY MEMBERSHIP APPLICATION

PLEASE PRINT ALL INFORMATION:

NAME: _____ **HOME TEL. ()** _____

HOME ADDRESS: _____

CITY: _____ **STATE** _____ **COUNTY** _____ **ZIP** _____

E-MAIL ADDRESS: _____

Do you own your own school? _____ **Number of years** _____

If you teach for someone else, Please put the name, address and telephone of your studio of employment below:

NAME OF SCHOOL: _____ **STUDIO TEL. ()** _____

STUDIO ADDRESS: _____

CITY: _____ **STATE** _____ **COUNTY** _____ **ZIP** _____

I PREFER TO GET MY MAIL AT: ____ **HOME** ____ **STUDIO**

HOW MANY YEARS OF DANCE TRAINING HAVE YOU HAD? _____

LIST THE TEACHERS YOU HAVE STUDIED WITH *(you may use the back of the application)*

WHERE DID YOU RECEIVE YOUR TEACHER'S TRAINING? _____

HOW MANY YEARS HAVE YOU TAUGHT DANCE PROFESSIONALLY? _____

(Proof from employer(s) is required with this application)

LIST THE DANCE SUBJECTS AND LEVELS (Beginning, Intermediate, Advanced) **you currently teach:**

DANCE SUBJECT	LEVEL	DANCE SUBJECT	LEVEL
Tap	_____	Lyrical	_____
Ballet	_____	Baton	_____
Pointe	_____	Irish Step	_____
Jazz	_____	Ballroom	_____
Hip Hop	_____	Folk	_____
Acrobatic	_____	African	_____
Modern	_____	Other	_____

Are you willing to submit to an examination to determine your ability as a dance teacher? _____

Please select the dance forms you wish to be tested in (please circle) BALLET TAP JAZZ ACRO
(DMA and DEA members are accepted without examination upon submission of proof of such membership. Please enclose a copy of DMA or DEA card with this application.)

Have you read the requirements and code of ethics of this organization? _____

Are you a member of any other organization? ____ **If yes, please list:** _____

Please check membership applying for:

GENERAL MEMBERSHIP { } ASSOCIATE MEMBER { }

ASSOCIATE MEMBER APPLICANT: If non-dancer, which member school are you actively in and in what capacity?

Are you willing to serve on an ADT committee?

I, the undersigned, desire to become a member of the Associated Dance Teachers of New Jersey. I understand that the organization aims for the advancement and welfare of the dance profession. I, therefore, make application for membership.

Signature of Applicant _____

Date: _____

Return this application with two checks made payable to ADT of NJ. One check for the \$25.00 non-refundable application fee and one check for \$80.00 for annual dues.

*Send to: Helen Watts
735 Mill Lane
Hillsborough, NJ 08844*

For further information, please call Helen Watts - (908)322-4249

SURVEY

1. Where did you hear about us _____

2. What services are you interested in our organization providing?

(Please circle all that apply)

Business Service

Technique Only Workshops

Performance Opportunities

Workshops for Students

Teachers Only Workshops

Scholarships

Network Opportunities

Other _____

OFFICE USE ONLY:

Date application _____

Date Elected to Membership: _____