

**DANCE MASTERS OF MID-AMERICA
CHAPTER #34**

JUNIOR MEMBERSHIP APPLICATION

DATE: _____

NAME: _____ BIRTHDATE _____ AGE _____

ADDRESS: _____ ARE YOU A SENIOR? _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

STUDIO NAME: _____

STUDIO ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

STUDIO PHONE: _____ STUDIO E-MAIL: _____

TYPES OF DANCE STUDIED AND NUMBER OF YEARS: _____

ODM MEMBER'S SIGNATURE

APPLICANT'S SIGNATURE

PLEASE ATTACH:

1. Picture
2. Resume
3. Brief essay typed
 - a. Why you would like to be a Jr. Member of ODM
 - b. What do you hope to gain from Jr. Member in the organization