



# Dance Masters of America, Inc.

## Life Membership Application

Date: \_\_\_\_\_ Chapter # \_\_\_\_\_

I, \_\_\_\_\_  
name of Member as listed on current Chapter and National Rosters

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do hereby request reclassification of my Membership in Chapter # \_\_\_\_\_ & the Dance Masters of America, Inc. to Life Membership, effective this date. I fully understand that in accordance with the Bylaws of Chapter # \_\_\_\_\_ & of DMA, Life Membership may be conferred on any member who has been a Member of DMA for a minimum of twenty-five (25) years and has fully retired from the dance profession. I also understand that should I return to the dance profession in any capacity or at any time, my Life Membership will automatically revert back to its current status and I will resume my payment of dues.

As a Life Member I acknowledge that I cannot receive compensation from any dance related activity such as owning an interest in a dance studio, teaching, choreographing, coaching, adjudicating or entering competition, as a Teacher of Record, Teacher of Recognition or Choreographer.

My National and Chapter dues have been paid in full for the current fiscal (September 1st - August 31st) year. Life Members are not eligible for 50 Year Membership Honors or Awards.

### Member

My last dues payment was made on \_\_\_\_\_ date \_\_\_\_\_ for the fiscal year September 1st, \_\_\_\_\_ year \_\_\_\_\_ to August 31st, \_\_\_\_\_ year \_\_\_\_\_.

\_\_\_\_\_  
Signature of Member date

### **NOTE:**

1. Member must send this form to the Chapter Secretary for Chapter approval.
2. Once Chapter decision is made on accepting/declining Life Membership, chapter will notify the member.
3. Chapter Secretary will send the approved form to the National Administrative Assistant to be kept as part of National records.

### Chapter Secretary

Chapter # \_\_\_\_\_ bestowed upon \_\_\_\_\_ Life Membership as of \_\_\_\_\_ name \_\_\_\_\_

\_\_\_\_\_  
date Signature of Chapter Secretary date

**This form must be completed, printed, signed by all parties and mailed to:**

**Dance Masters of America  
C/O Ruby Toy  
7530 196th Street  
Fresh Meadows, NY 11366**