

CAROLINA DANCE MASTERS, INC.

JUNIOR MEMBERSHIP APPLICATION/ FILE UPDATE

Due: September 15th, 2017

(please print clearly)

Member's Full Name: _____

Home Mailing Address: _____

City _____ **Zip Code** _____

Home Phone: (_____) _____ **E-Mail :** _____

Studio Name: _____

CDM Teacher of Record: _____

Junior Member since: _____ **No. of Years:** _____ **School Grade:** 7th 8th 9th 10th 11th 12th

Junior Member Offices Held or Committees you have worked on: _____

May we print your contact information (address, phone, etc.) in the CDM Junior Membership Directory

No – Please do not include my information

Yes – It is ok to print my information

Please return Completed Application with \$40 Membership/ Processing Fee by September 15th, 2017 to:

Mallory McVey

CDM Junior Membership Advisor

3309 Spartanburg Hwy,

Flat Rock, NC 28731

With the signature below of Member Teacher and Junior Member Applicant,

We acknowledge that we have read and understand the rules, regulations and requirements for the 2017-2018 membership year.

Applicant Signature: _____

CDM Member Signature : _____

Attach

* e-mail to Director a wallet sized photograph (all members new and returning)

* Only Checks from CDM Members will be accepted (\$40). Returning member participating in Banquet opening number please include \$30 for costume if applicable. Due September 15th, 2017

* New Members attach an essay entitled "Why I Want to Be a CDM Junior Member"

* Returning members

I will participate in the Convention Banquet Performance (Rehearsal 10/9/16 and 11/5/15)

I must be registered to attend Fall Convention

INDICATE COSTUME SIZE

AS AM AL AXL

I will (Not) be participating in the Convention Banquet Performance

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JUNIOR MEMBERSHIP APPLICATION/ FILE UPDATE CONTINUED

Due: September, 15th, 2017

Name: _____

Age: _____ **Date of Birth** _____

Dance Education _____

Dance Awards/Performances: _____

Academic Achievements: _____

Special Interests/Hobbies: _____

Extracurricular Activities: _____
