



SCHOOL INFORMATION

(This section is to be completed by teachers seeking membership)

School Name _____

Address _____ Phone (____) _____

_____ Fax (____) _____

City _____ State ____ Zip _____ Other (____) _____

Web Site Address: _____

Other Dance Organization Affiliations (Current or Former) _____

Applicant Notice: I understand that my application is subject to the approval of NAIDF, and that I can be denied membership for any reason with or without explanation. I also understand that in the event that my membership is denied, my membership fee will be returned to me, but my registration fee will not. I further understand that my membership is contingent upon successful compliance with the rules and regulations of the NAIDF, which may include, but are not limited to: current CPR/FA certification, successful completion (or current copy of) background check, and a commitment to continuing education.

Applicant Signature

Date

Printed Name, Applicant