





**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**