



Dance Masters of America, Inc.

Transfer of Membership Form

COMPLETE THIS FORM AND MAIL TO THE NATIONAL SECRETARY

**PART 1:
TO BE COMPLETED AND MAILED BY THE MEMBER**

Name of Member _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home _____ Cell _____

Email _____

I am a:

Certified Active/CE Honorary Certified Active/CE Professional/CE Degreed/CE Life

I wish to transfer my DMA Membership from Chapter # _____ to Chapter # _____

I have paid my National Dues through August 31st 20 _____ through Chapter # _____

I have paid my Chapter Dues and Assessments through August 31st 20 _____ to Chapter # _____

I hereby state that I am a member in good standing and have no past or pending disciplinary actions against me.

Signature of Member

Date Mailed

**PART 2:
TO BE APPROVED AND SIGNED BY THE NATIONAL SECRETARY**

As National Secretary, I hereby confirm that I have received, verified and duly executed the transfer of membership. The national records have been updated and the National Treasurer has been notified.

Signature of National Secretary

Approval Date

Return this form to:

**Laura Work – National Secretary
9115 Fryland Road - Orlando, FL 32817 * 407-755-2250**