

WISCONSIN DANCE COUNCIL MEMBERSHIP FORM

One Year Membership Date received: _____ New ___ Renewal ___ County _____ Years in Profession _____

NAME AND MAILING ADDRESS – PLEASE PRINT ALL INFORMATION

LAST _____ FIRST _____
 STREET _____
 CITY _____ STATE _____ ZIP _____ - _____
 PHONE # (____) _____ E-MAIL _____
 WEBSITE _____

_ I'd like to make a donation:
 WDC General Fund \$ _____ WDC Scholarship Fund \$ _____

TYPE OF MEMBERSHIP

- _ Regular (\$25)
- _ Student (\$10)
- _ Retiree (\$10)
- _ Professional Org. (\$30)
- _ Student Org. (\$12)



Send to:

WI Dance Council

P.O. Box 707

Madison, WI 53701-0707

Make checks payable to:

WI Dance Council

Preference for receiving the Newsletter:

E-Mail _____ US Mail _____

CHECK APPROPRIATE BOX IN EACH COLUMN

- | | | | |
|--|--|-------------------------------------|--|
| <input type="checkbox"/> Instructor | <input type="checkbox"/> Performer | <input type="checkbox"/> Pre-School | <input type="checkbox"/> High School |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Student | <input type="checkbox"/> Elementary | <input type="checkbox"/> College/Univ. |
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> Author/Critic | <input type="checkbox"/> Middle | <input type="checkbox"/> Service |
| <input type="checkbox"/> Dance Supporter | <input type="checkbox"/> Other | | 4. 2010 |

DANCE FORMS TAUGHT

- | | | |
|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Ballet | <input type="checkbox"/> Tap | <input type="checkbox"/> Folk |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Ballroom | <input type="checkbox"/> Musical Theatre |
| <input type="checkbox"/> Modern | <input type="checkbox"/> Ethnic | <input type="checkbox"/> Dance Therapy |
| <input type="checkbox"/> Jazz | <input type="checkbox"/> Square | |

COMMITTEES

Are you willing to serve on a committee? _____

If yes, please write your interests and skills on the back of this form.