

# UNITED STATES TERPSICHORE ASSOCIATION

## PROFESSIONAL REGISTRATION FORM FOR THE YEAR 2010

Please complete the following and return with dues to

USTA  
216 Passaic Avenue  
Fairfield, NJ 07004  
(973) 276-1170  
USTerpsichore@AOL.com

### TERPSICHORE MEMBERSHIP DUES

Singles ..... \$50  
Couples ..... \$80  
Expiration/renewal date: December 31<sup>st</sup>  
make payable to U.S.T.A

### PRINT CLEARLY

Enter Name Only    Enter All information if you have moved or your address is changed.

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City State Zip Code

TELEPHONE: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Business ( \_\_\_\_\_ ) \_\_\_\_\_

E-MAIL \_\_\_\_\_

Professional Competitor     Adjudicator     Scrutineer     Pro-Am Teacher

Qualifications must be listed below.

DEGREES HELD WITH THE USTA				
CATEGORY	ASSOCIATE	MEMBER & ABOVE	DATE	NAME OF EXAMINER
INTERNATIONAL STANDARD				
INTERNATIONAL LATIN				
AMERICAN SMOOTH				
AMERICAN RHYTHM				
THEATRE ARTS				

Signature \_\_\_\_\_

Date \_\_\_\_\_