

**UNITED STATES**  
**TERPSICHORE**  
**ASSOCIATION**

**APPLICATION FOR MEMBERSHIP**

NAME \_\_\_\_\_ OVER 18 \_\_\_\_\_

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

HOME PHONE \_\_\_\_\_ STUDIO PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

FULL TIME TEACHER \_\_\_\_\_ PART TIME TEACHER \_\_\_\_\_ YEARS OF EXPERIENCE \_\_\_\_\_

ARE YOU CURRENTLY A MEMBER OF ANOTHER ORGANIZATION? \_\_\_\_\_

IF YES, WHAT DEGREES DO YOU HOLD \_\_\_\_\_

WHICH BRANCH IS THIS EXAMINATION FOR:

AMERICAN BALLROOM \_\_\_\_\_ AMERICAN RHYTHM \_\_\_\_\_ THEATRE ARTS \_\_\_\_\_

INTERNATIONAL STANDARD \_\_\_\_\_ INTERNATIONAL LATIN \_\_\_\_\_

WHICH DEGREE WILL THIS EXAMINATION BE FOR?

ASSOCIATE(\$100.00) \_\_\_\_\_ MEMBERSHIP (\$120.00) \_\_\_\_\_ FELLOWSHIP (\$150.00) \_\_\_\_\_

WHO HAS TRAINED YOU FOR THIS EXAMINATION? \_\_\_\_\_

**ETHICS:** I, the undersigned, agree to abide by the rules and regulations of this Association and will do my best to help in its growth and development. I will also join with other Terpsichore members in their efforts to build Dance Sport to a higher level.

\_\_\_\_\_  
Signature

Exam Fee \_\_\_\_\_ paid to examiner Annual Dues \_\_\_\_\_ (\$50.00 Singles - \$80.00 Couples)

Amount paid to Terpsichore \_\_\_\_\_

Phone (973) 276-1170

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