



**APPLICATION FOR MEMBERSHIP**

Mr./ Mrs./ Ms. Name \_\_\_\_\_

Home Address \_\_\_\_\_  
(street address) (city) (state) (zip)

Business Address \_\_\_\_\_  
(street address) (city) (state) (zip)

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
(area code & number) (area code & number)

**TRAINING**

Dates \_\_\_\_\_ School & Teacher \_\_\_\_\_  
(from - to)

Dates \_\_\_\_\_ School & Teacher \_\_\_\_\_  
(from - to)

Dates \_\_\_\_\_ School & Teacher \_\_\_\_\_  
(from - to)

**PROFESSIONAL EXPERIENCE**

(Please give the most recent experience first, include all details.)

Dates \_\_\_\_\_ School/ Organization \_\_\_\_\_  
(from - to)

Address \_\_\_\_\_  
(street address) (city) (state) (zip)

Type of Classes \_\_\_\_\_ Hours Per Week \_\_\_\_\_ For \_\_\_\_\_ Weeks

Dates \_\_\_\_\_ School/ Organization \_\_\_\_\_  
(from - to)

Address \_\_\_\_\_  
(street address) (city) (state) (zip)

Type of Classes \_\_\_\_\_ Hours Per Week \_\_\_\_\_ For \_\_\_\_\_ Weeks

Dates \_\_\_\_\_ School/ Organization \_\_\_\_\_  
(from - to)

Address \_\_\_\_\_  
(street address) (city) (state) (zip)

Type of Classes \_\_\_\_\_ Hours Per Week \_\_\_\_\_ For \_\_\_\_\_ Weeks

It is my understanding that my acceptance as a member of NYSTD and my continued membership is contingent upon receipt of written verification of my teaching experience as set forth above.

Endorsement of 2 active members of NYSTD

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
(signature of applicant)

\_\_\_\_\_  
(date)

(continued on next page...)

***NAMES & ADDRESSES OF 3 PERSONAL REFERENCES (other than relatives or dance teachers)***

Mr./ Mrs./ Ms. Name \_\_\_\_\_

Address \_\_\_\_\_  
(street address) (city) (state) (zip)

Mr./ Mrs./ Ms. Name \_\_\_\_\_

Address \_\_\_\_\_  
(street address) (city) (state) (zip)

Mr./ Mrs./ Ms. Name \_\_\_\_\_

Address \_\_\_\_\_  
(street address) (city) (state) (zip)

***REQUIREMENTS OF ACTIVE MEMBERSHIP***

- a. CHARACTER REFERENCES FROM THE ABOVE NAMED PERSONS.
- b. ENDORSEMENT BY TWO ACTIVE MEMBERS OF *THE NYSTD*
- c. MUST BE AT LEAST 18 YEARS OF AGE AND MUST HAVE HAD TEACHING EXPERIENCE AS A PRINCIPAL OR ASSISTANT.
- d. TEACHING EXPERIENCE:
  - Active Member: Teaching experience must have been a minimum of 500 hours within three years of applying or at least 150 hours in each of the years taught.
  - Associate Member: Teaching experience must have been a minimum of 100 hours per year within three years of applying. May not hold elective office or vote. Converts to Active Member after two years of associate membership in good standing
- e. APPLICANTS SHALL BE REQUIRED TO PASS A QUALIFYING EXAMINATION.
- f. APPLICANTS AGREE TO ABIDE BY THE CONSTITUTION AND BY-LAWS OF *THE NYSTD*. A DEMONSTRATION OF BALLROOM DANCING WITHOUT CHARGE, TOGETHER WITH NOTES AND INFORMATION CONCERNING THE MUSIC USED DURING THE DEMONSTRATION.
- g. APPLICANTS MUST BE ACCOMPANIED WITH A CHECK FOR THE FULL AMOUNT. (Less 15% guest fee if applicable)

***INITIATION FEES AND DUES***

**Active Members:**

Single: Annual Dues - \$70.00; Initiation Fee - \$20.00; **Total - \$90.00**

Dual (husband & Wife or two members of immediate family): Annual Dues - \$105.00; Initiation Fee - \$20.00 **Total - \$125.00**

**Associate Members:** Annual Dues as above, no initiation fee.

(Dues will be pro-rated at time of joining.)

**MAIL APPLICATIONS TO:**

John "Romero" Aiello  
3807 Kennedy Blvd.  
Union City NJ, 07087  
Tel: (201) 863-5266

Applicants who do not know any NYSTD members may apply to the **Membership Committee** for an invitation to attend a meeting of *The New York Society* and meet the members.

SIX MONTHLY MEETINGS – PLUS 2 SOCIAL EVENTS  
SEPTEMBER THRU APRIL – 2<sup>ND</sup> SUNDAY OF EACH MONTH

Examined By \_\_\_\_\_ Date \_\_\_\_\_

Amount Received \$ \_\_\_\_\_ Date \_\_\_\_\_ Check No \_\_\_\_\_

Notes: \_\_\_\_\_