

MARYLAND COUNCIL FOR DANCE MEMBERSHIP APPLICATION

www.MarylandDance.org

PLEASE INDICATE YOUR MEMBERSHIP CATEGORY:

Please note that membership benefits are in effect for one full year from time of submission

_____ **STUDENT/UNDERGRADUATE- \$15** – defined as any full-time student, through and including college graduate studies. Student members are eligible for discounted fees to Council sponsored events, receive advance dance festival information and priority registration, receive Council newsletters, email blasts, and updates, and have member access to our website. Student members are also eligible to participate in our Scholarship audition program.

_____ **INDIVIDUAL- \$35** – defined as any dance enthusiast, not a student. Please note that studio owners/school directors that become members at this level will not be able to pass benefits of membership to their studio/school students or staff. Individual members are eligible for discounted fees to Council sponsored events, receive advance dance festival information and priority registration, receive Council newsletters, email blasts, and updates, and have member access to our website.

_____ **ORGANIZATION- \$70** – defined as any single business, school, studio, performing group, or institution. Organization members are eligible to extend membership benefits to their immediate staff and students including discounted fees to Council sponsored events, receive advance dance festival information and priority registration, receive Council newsletters, email blasts, and updates, and have member access to our website. Organization members have additional benefits including a live website link listing on the Council website, free postings of events on the website and social media, and the opportunity to send staff/teachers to the dance festival at no charge, when groups of their students register.

Students or Individuals – please print neatly and complete ALL INFORMATION in this section	
Name:	Phone:
Mailing Address:	City, State, Zip:
Email Address:	

Organizations – please print neatly and complete ALL INFORMATION in this section	
Organization Name:	Phone:
Contact Person:	Title:
Mailing Address:	City, State, Zip:
Email Address:	
Organization Website URL:	

MEMBERSHIP DUES: \$ _____

If you would like to make a tax deductible donation to support our programs or scholarship opportunities:

DONATION AMOUNT: \$ _____ scholarships _____ outreach

TOTAL ENCLOSED: \$ _____

PLEASE MAKE PAYABLE TO “MARYLAND COUNCIL FOR DANCE” AND MAIL TO:
MD Council for Dance, c/o Shari Smigo, Executive Director, 1030 Carmichael Rd., Queenstown, MD 21658