



Member Information Form

Get the most from your NDS membership! Please complete the below form and select potential council/committee of interest. Collecting personal information helps us to provide you with quality products, programs, and services. We will not sell or share your information with any individual or group outside the National Dance Society without your permission.

Name: First _____ M.I. _____ Last _____

Job/Work Title: Professional _____ **Student Year** _____

Professional degree(s) earned: _____

Student anticipated degree(s): _____

School/Business/Organization Name: _____

Work address (street/PO box, city, state, zip): _____

Work phone: _____ **E-mail:** _____

Home/residence address (street/PO box, city, state, zip): _____

Home phone: _____ **E-mail:** _____

Mobile/cell phone: _____

Councils (check as many as you wish):

- | | | |
|---|---|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Publications | <input type="checkbox"/> Research and Evaluation |
| <input type="checkbox"/> Dance Education | <input type="checkbox"/> Journal Editorial Review | <input type="checkbox"/> Student |
| <input type="checkbox"/> Leadership Development | <input type="checkbox"/> Board | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Newsletter Editorial | <input type="checkbox"/> Wellness |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Board | |

Committees (check as many as you wish):

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Audit | <input type="checkbox"/> Finance | <input type="checkbox"/> Conference Planning |
| <input type="checkbox"/> Awards Recognition | <input type="checkbox"/> Nominating | <input type="checkbox"/> President's Advisory |

Please e-mail your completed member information form to: info@nationaldancesociety.org

THANK YOU!