

Membership Application Form



INSTRUCTIONS:

1. Complete all fields on your computer, and then print the form.
2. If you are completing form by hand, please PRINT clearly in BLOCK letters & numbers.
3. Enclose a check or sign the credit card authorization.
4. Mail or fax the form to the Executive Director at the address below.
5. **Please allow 6 to 8 weeks for processing.**

First Name

Middle Initial

Last Name

Degrees

Address 1

Address 2

City

State/Province

Zip/Postal Code

Country

Telephone (include country code)

Fax (include country code)

Preferred Email

Alternate Email

(will not be published)

Profession/Occupation

(up to 150 characters)

Were you an IADMS member in the past?

Yes

No

Fee Category ([see table](#))

A

B

C

D*

**Check enclosed (drawn on a US bank and payable in US dollars to
International Association for Dance Medicine and Science):** Amount \$

USD

I authorize IADMS to charge my credit card:

Amount \$

USD

Visa

MasterCard

Expiration Date: Month/Year

X _____

Signature (as it appears on card)

Please send this form to:

**Steven J. Chatfield, PhD
Executive Director, IADMS
Department of Dance
1214 University of Oregon
Eugene, OR 97403-1214
USA**

Telephone/Fax: +1 541-465-1763

Email: ExecutiveDirector@iadms.org

**Proof of student status must accompany membership application.*