

For State Affiliate Use Only:

Chapter # _____

Date Established: _____



National Honor Society for Dance Arts - Chapter Application

School Name: _____

School Address: _____

City, State: _____ Zip Code: _____

School District(s): _____ County: _____

NDEO Institutional Membership ID # _____

Sponsor Name: _____ Position: _____

School Phone Number: _____ Fax Number: _____

E-Mail address: _____

- Please check one:
- Middle School
 - High school
 - Dance School/Academy
 - Performing Arts School
 - Community Center

Please provide contact info of school personnel who should receive official notification of the NHSDA chapter establishment & induction of students.

Title	Name	Mailing Address / Email
School Principal		
District Superintendent		
State Arts Coordinator		
Other		

Dance Program Description:

In the space provided, *or in a separate attachment*, please write a brief description of your school's dance program (e.g., grade and age levels served, in-school/after school, general or gifted/talented students, curriculum taught, etc.)

Sponsor Signature: _____ Date: _____

Forward completed application to AZDEO (attn. NHSDA) PO Box 60152, Phoenix, AZ 85082-0152. For any questions please contact your state affiliate or you can call NDEO at 301-585-2880.