

IDMN Membership Request Form



Full Name: _____

Full Address: _____

Telephone number: _____

Mobile: _____

Email address: _____

Website: _____

Please state which details you are willing to share amongst the membership and others?

Please explain how you meet the membership criteria and state who your current clients are:

Please also email a brief biography and images for the website.

Return this with your membership fee of £25, made payable to, 'Independent Dance Managers Network', to:

Claire Morton, IDMN Membership Coordinator, c/o Marylebone Dance Studios, 12 Lisson Grove, London NW1 6TS