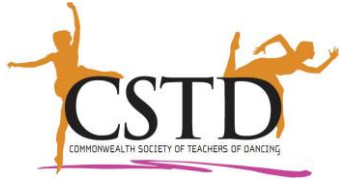


The Commonwealth Society of Teachers of Dancing



ALL CORRESPONDENCE TO:
P.O.BOX 143, South Oakleigh, Victoria 3167, Australia

APPLICATION FOR MEMBERSHIP

I, Mr/Mrs/Ms/Miss _____
(full name of applicant - please print)

desire to become a Full / Affiliate member of Comdance Inc.

Applicant's address _____

_____ Country: _____ Postcode: _____

Phone: _____ Mobile: _____

Email address: _____

Current Occupation _____

Date of Birth: (if less than 25 years of age) _____

*CSTD qualifications held: _____

*Other qualifications held: _____

*(Note: *Please attach photocopies of these qualifications; or a brief c.v. if not available)*

In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force.

Signature of Applicant _____ Date: _____

I, _____ a member of the Association, nominate the applicant, who is personally known to me, for membership of this Association.

Signature of Proposer _____ Date: _____

I, _____ a member of the Association, second the applicant, who is personally known to me, for membership of this Association.

Signature of Secunder _____ Date: _____

Credit Card Payments

Visa/MasterCard

Expiry Date

/

OFFICE USE ONLY

Received	Approved	App. Advised	State Advised	M'Ship Card	M'Ship No.



P.T.O

Guidelines for Membership Application

- 1) Applicants must be nominated and seconded for membership by currently financial members of the Society.
(Applicants must be 18 years of age or over for admission to membership)
- 2) Full membership is open to Full Teacher's Diploma holders of the Society who are entitled to use the designatory letters appropriate to their qualification.
- 3) Affiliate membership is available to teachers of dancing, professional dancers and student dancers who do not hold the Society's Full Teacher's Diploma.
- 4) Both Full Members and Affiliates have full voting rights within the Society and equal rights to attendance at meetings of the Society.
- 5) Please complete all details requested on the application form, sign and date, and have your Proposer and Secunder complete, sign and date their section.
- 6) The completed application should then be sent to us with an amount of **A\$90** being the current yearly subscription or prorata if joining during the membership year.

Calculations for New Member Prorata payment

Financial year for the Society is from September to August

Prorata payment is calculated from the month joined until August.

Example: Joined February 2015 - Payment will be $A\$90 \div 12 \times 7 = A\52.50

February 2015 to August 2015 = 7 calendar months

- 7) Applications are dealt with at Executive Committee meetings or by the Membership Sub-Committee of the Executive.
- 8) If your professional name is different to the name shown on the Application Form and you wish to have mail sent to you under that name, please give details below, including address if different.

- 9) Send completed form with your payment for subscription to:

Your Regional Organiser

To be forwarded to

CSTD

P.O. Box 143

South Oakleigh, Victoria 3167

Australia

Alternatively EFT to NAB BSB -083-347 A/C No. 63 790 5843 - Comdance Inc