



GLOBAL COMMUNITY OF DANCE

Application for Membership

Mr / Mrs / Ms / Miss _____ Name: _____

Address _____

Postcode _____ Telephone No. _____ Mobile No. _____

Email Address _____

Date of Birth (If under 18) _____ Occupation _____

Current Working with Children Check No. _____

* COMDANCE qualifications held

* Details of other qualifications held

Do you own a studio? Y / N

Name & Address: _____

*** 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 _____

* **Nominations**

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

Signature of Proposer _____ Date: _____

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

Signature of Seconder _____ Date: _____

Guidelines for Membership Applications

- 1) Applicants must be nominated for and seconded for membership by current financial members of the Society.
(Applicants must be 17 years of age or over for admission to membership.)
- 2) Full Membership is open to Teachers' 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 Teaching 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 \$132.00 (includes GST) being the current subscription fee.
- 7) Applications are considered at Executive Committee meetings or by the Membership Sub-Committee of the Executive.
- 8) If your professional name is different from the name shown on the application form and you wish to have mail sent to you under that name, please show that detail below:

- 9) Email completed form, photocopies/scans of qualifications listed, and payment to:

Comdance Inc
admin@comdance.org

Credit Card Payments (incurs a 2% fee i.e. \$132 + \$2.64)

Visa/MasterCard:

Expiry Date:

__ / __

Signature: _____