

## **Application for Membership**

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First Name:	Surname:
Name (as you wish to appear on your Me	embership Certificate):
Address	
PostcodeTelephon	ne No Mobile No
Email Address	
Date of Birth (if under 18)	Occupation
Working With Children Check No	
* COMDANCE qualifications	
* Details of other qualifications held	zi
Do you own a studio? Y/N	<del></del>
Name & Address:	
* I agree to be bound by the rule:	s and principals of the Society.
Signature of applicant	Date
* <b>Nominations</b> *If nominations are upon application.	e not possible, please supply a brief outline of your intentions for membership
l,	a financial member of the Association, Membership
Number: , nomin	ate the applicant, who is personally known to me, for membership of this
Association. Signature of Proposer	Date:
I,	a financial member of the Association, Membership
Number:, 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**

- 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 Seconder complete, sign, and date their section.
- 6) The completed application should then be sent to us with an amount of \$143.00 (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 <u>form</u>, photocopies/scans<u>of qualifications listed</u>, and <u>payment</u> to admin@comdance.org

Credit Card Payments \$143.00 <i>(incurs a bank fee)</i>		
Visa/MasterCard:		
Expiry Date: /		
Signature:		