

ABN 26 170 509 030

COMDANCE Inc

Reg No A0027131V

Commonwealth Society of Teachers of Dancing
ALL CORRESPONDENCE TO: PO Box 143 Sth Oakleigh Vic 3167

APPLICATION FOR MEMBERSHIP

I, Mr/Mrs/Miss/Ms _____
(full name of applicant - please print)
desire to become a Full/Affiliate member of Comdance Inc.

Applicant's address: _____

_____ State: _____ Postcode: _____

Phone No.: _____ Mobile No.: _____

Date of Birth: (if less than 17 years of age) _____

Occupation: _____

* Details of CSTD qualification held: _____

* Details of other qualification held: _____

*Note: * Please attach photocopies of these qualifications)*

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.

Date: _____ Signature of Applicant _____

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

Date: _____ Signature of Proposer _____

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

Date: _____ Signature of Seconder _____

OFFICE USE ONLY					
Received	Approved	App. Advised	State Advised	M'ship Card	M'ship No.

P.T.O.

Guidelines for Membership Applications

- 1) Applicants must be nominated and seconded for membership by currently financial members of the Society.
(Applicants must be 17 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 \$66.00 (*) being the current subscription. (This amount will be refunded in the event of the application being not approved.) (*) Sub. Of \$66.00 includes \$6.00 G.S.T.
- 7) Applications are dealt with each month at the meeting of the Executive Committee (held the first week in each month except January).
- 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 show that detail below.

- 9) Send completed form with you cheque for subscription to :

Commonwealth Society of Teachers of Dancing
PO Box 143
South Oakleigh 3167
Victoria
Australia

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