



The Commonwealth Society of Teachers of Dancing Application for Membership

Mr / Mrs / Ms / Miss (full name of applicant) _____

Address _____

_____ Postcode _____

Telephone No. _____ Mobile No. _____

Email Address _____

Date of Birth (If under 18) _____ Occupation _____

Current Working with Children Check No. _____

*Details of CSTD qualifications held _____

*Details of other qualifications held _____

**Please include photocopies/scans of each qualification listed.*

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: _____

Received	Approved	App. Advised	State advised	WWCC	M'ship No.



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 \$121.00 (includes GST) being the current subscription fee. (This amount will be refunded in the event of the application not being approved.)
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:

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9. Send completed form as a hard or scanned copy along with payment to:

The Commonwealth Society of Teachers of Dancing
Suite 335, 23 Milton Parade,
MALVERN, VIC 3144

comdance@bigpond.com

Credit Card Payments (incurs a 2% fee i.e. \$121 + \$2.42)

Visa/MasterCard _____

Expiry Date __ __ / __ __