SADTA

APPLICATION FOR AFFILIATION OR MEMBERSHIP

SOUTH AFRICAN DANCE TEACHERS' ASSOCIATION
Incorporated Association Not For Gain
Reg No. 1935/007170/08

Est. 1926

1. PERSONAL INFORMATION

Name/s: **Date of Birth:** AGE ○ MALE ○ FEMALE

Surname: **Cell No'**

Studio Name: **Address:**

ID/Passport Number:

2. QUALIFICATIONS

SADTA:

IDTA:

ISTD:

IDO:

Other (Please Specify):

2. APPLICATION REQUEST

I. _____ **, hereby verify my application request to the SADTA** _____ **Branch.**

3. AFFILIATION AND MEMBERSHIP FEES

Fees paid for upon application!

			Total
Affiliation			
○	**Affiliation Fee**	Valid 1 January - 31 December (Paid annually till Qualified!)	R500.00
ASSOCIATE			
○	**Joining Fee**	New Members Only!	R500.00
○	**Membership Fee**	Valid 1 July - 30 June (Paid annually!)	R800.00
○	**Lapsed Fees**	Joining Fee and Membership Fee included.	R1300.00
	Total:		R

4. ANALYSIS OF DEPOSIT SLIP

		Total
○	**Reference on deposit Slip**	
○	**Total Amount on Deposit Slip**	R
○	**Banking Details - Please ensure request for banking details made to the branch in which you reside.**	
○	**Date of Submission:** _____	
○	**Signature:** _____	

5. FOR OFFICE USE ONLY

Two Licentiates or Fellow members to propose and second this application before admitting applicant as an Affiliate of the above mentioned Branch.

○ **Proposed:** _____

○ **Seconded by:** _____

○ **Date:** _____