



SINGAPORE BALLROOM DANCE TEACHERS' ASSOCIATION

Governing Professional and Amateur Dancers in Singapore

Member: World Dance Council, Asia Pacific Dance & Dance Sport Council, Asian Dance Council

MEMBERSHIP APPLICATION

Full Name as per NRIC / Passport <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mdm (underline surname) _____ NRIC / Passport # _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Address _____ Date Of Birth _____ _____ Post Code _____ Country _____ Telephone (Res) _____ (Office) _____ (Mobile) _____ Nationality _____ Email _____ Studio Name _____ Fax Number _____ Address _____ _____ Application For <input type="checkbox"/> Ordinary Member Credentials – circle where applicable and attach copy of relevant certificate(s)	Photo												
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:16.6%;">Associate</td> <td style="width:16.6%;">Licentiate</td> <td style="width:16.6%;">Fellow</td> <td style="width:16.6%;">WDC Adjudicator</td> <td style="width:16.6%;">WDC Competitor</td> <td style="width:16.6%;">Scrutineer</td> </tr> <tr> <td>LA / BB</td> <td>LA / BB</td> <td>LA / BB</td> <td>LA / BB</td> <td>LA / BB</td> <td></td> </tr> </table>	Associate	Licentiate	Fellow	WDC Adjudicator	WDC Competitor	Scrutineer	LA / BB	LA / BB	LA / BB	LA / BB	LA / BB		
Associate	Licentiate	Fellow	WDC Adjudicator	WDC Competitor	Scrutineer								
LA / BB	LA / BB	LA / BB	LA / BB	LA / BB									
Application For <input type="checkbox"/> Associate Member Date of Joining _____													

Membership Fees	Ordinary		Associate	
	S'pore Citizen/PR	Others	S'pore Citizen/PR	Others
Entrance Fee	S\$100	S\$200	S\$20	S\$20
Annual Subscription	S\$140	S\$200	S\$20	S\$50

Payment Method: Cash / Cheque (No: _____) Amount: S\$ _____

I hereby agree to abide by the Rules and Regulations (available at www.sbdta.com) as stated by Singapore Ballroom Dance Teachers' Association.

Signature

Date

FOR OFFICIAL USE ONLY			
Proposed By _____	<input type="checkbox"/> Approved	Membership ID _____	<input type="checkbox"/> Rejected
Seconded By _____	Approval Date _____	Receipt # _____	