



NEW ZEALAND ASSOCIATION OF DANCE TEACHERS INC

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Patron: Rowena Jackson MBE info@nzadt.org.nz

MEMBERSHIP APPLICATION FORM - **AFFILIATE MEMBER**

Name:	Date -
Business / Organisation Name <i>(if applicable):</i>	
Address:	City:
Telephone: Day / Work -	Home / Evening -
Fax -	Mobile -
Email:	Web:

- **How are you associated with the dance industry?** *(Circle as required and list details if appropriate):*

Service / Supplier Supporter Other *(please specify):*

Details:

- **Can you assist the NZADT? Do you provide a professional service or product?** *(Please provide details):*

Membership: Affiliate - \$20 *Make cheques payable to: NZADT Inc. or deposit: 010537 0146253 00, ANZ Kilbirnie.*

In accordance with Principle Three (3) of the Privacy Act 1993, I agree to the above information being maintained by the NZADT Inc for use in their database, website, and published material; of which specific information will be accessible by the general public, individuals and organisations within the dance and allied industries.

As per The Unsolicited Electronic Messages Act 2007 I/we consent to receiving electronic messages from the New Zealand Association of Dance Teachers Incorporated.

By signing this application I/we hereby agree to abide by the New Zealand Association of Dance Teachers Incorporated constitution, rules and regulations, professional conduct and/or any other applicable governing policies that its members are expected to adhere to.

Signed:

Date:

