Amended November 11, 2006

APPLICATION FOR MEMBERSHIP
IN THE
GEORGIA ROUND DANCE TEACHERS ASSOCIATION

NAME: _____ _____ _____
HERS HIS LAST

ADDRESS:_____ _____ _____ _____
STREET CITY STATE ZIP

TELEPHONE: HOME : (____)_____BUSINESS: (___)_____

Application is for Full Membership _____ Associate Membership _____

(Requirements are specified in the By-Laws)

Qualifications: Began Round Dancing in _____ (year)

Began Teaching R/D in _____(year)

Have taught _____ Beginner Classes of _____lessons each.

Do you have a BMI/ASCAP License? _____ Yes _____ No

Teach and cue regularly for R/D Clubs as follows:

Club Name	Day & Time	Where	Level
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Cue regularly for the following S/D Clubs

_____

_____

MEMBERSHIP FEE - $10.00 per person yearly Amount: $_____

REQUESTING ____ BADGES - $ 6 Each (Pin) $8 Each (Magnet) Amount: $_____

TOTAL TENDERED: $_____

I/WE agree to support and promote the ethics of GRDTA and all GRDTA functions.

Signed_____ Signed_____

Date_____ Date _____

RECOMMENDED BY GRDTA MEMBERS: _____ _____

APPROVED BY: _____ MEMBERSHIP COMMITTEE VOTE: _____