

# Application For Membership Of The SDTA From Another Association

Scottish Dance Teachers' Alliance  
101 Park Road, Glasgow G4 9JE

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## Applicant Information

Full Name (Include Title):

Date of Birth:

Phone:

Address:

Post Code:

Email:

## Current Qualifications

(Please attach copies of certificates)

Current Association:

Class:

Branch:

## Desired SDTA Qualification

*Please tick*

Associate

Member

Branch:

## References

Please provide details of two persons (one to be of dancing profession) to whom references may be made

### REFERENCE 1

Name:

Phone:

Address:

Email:

### REFERENCE 2

Name:

Phone:

Address:

Email:

## Signature

If granted membership I shall do my utmost to further the interest and projects of the Alliance, and conform to the Rules, Bye-Laws and Regulations thereof.

**Signature of applicant:**

**Date:**