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MEMBERSHIP APPLICATION FORM

Name.....
 Address.....

 Postcode.....
 Tel No..... Email.....

I wish to apply for membership of the International Dance Teachers Association. I hold the following qualification(s) with a recognised dance Association.

QUALIFICATION	BRANCH	ASSOCIATION
1		
2		
3		
4		
5		
6		

Please attach photocopies of current Membership Card, Certificates or Reports

Signed..... Date.....