



Singapore Ballroom Dance Teachers' Association

Affiliations: World Dance Council, Asia Pacific Dance Council, Asian Dance Council
 20 Maxwell Road #09-17, Maxwell House, Singapore 069113 Fax: (+65) 6399 3699

Website: www.sbdta.com Email: secretary@sbdta.com

SBDTA ASSOCIATE MEMBERSHIP APPLICATION

PLEASE COMPLETE IN UPPERCASE LETTERS & TICK WHERE APPLICABLE.

APPLICANT		<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL FOR YEAR:	(YYYY)
PHOTO	FULL NAME AS IN NRIC / PASSPORT	NRIC / PASSPORT NO.		
	<input type="checkbox"/> DR <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS	NATIONALITY		
	(PLEASE UNDERLINE SURNAME)	DATE OF BIRTH (DDMMYYYY)		
		GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
		TYPE	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> INDIVIDUAL - CORPORATE
APPLICANT INFORMATION				
MAILING ADDRESS		TELEPHONE: MOBILE RESIDENCE OFFICE	EMAIL	
APPLICANT - CORPORATE ORGANISATION INFORMATION (APPLICABLE TO INDIVIDUAL - CORPORATE APPLICATION ONLY)				
NAME OF CORPORATE ORGANISATION		NAME OF ORGANISATION LEAD CONTACT	DESIGNATION	
			APPOINTMENT YEAR	
MAILING ADDRESS		TELEPHONE: MOBILE RESIDENCE OFFICE	EMAIL:	
APPLICANT - CORPORATE ORGANISATION SUPPORTING INFORMATION PLEASE ATTACH PHOTOCOPY OF RELEVANT DOCUMENT(S)				
SUPPORTING DOCUMENTS & DETAILS (Please list or give brief description of relationship to the stated organisation. E.g. Student: Student Pass ID with validity date, as issued by the Corporate Organisation.)				
I HEREBY AGREE TO ABIDE BY THE RULES AND REGULATIONS AS STATED BY THE CONSTITUTION OF THE SINGAPORE BALLROOM DANCE TEACHERS' ASSOCIATION.				
SIGNATURE:		DATE:		

DESCRIPTION	SBDTA ASSOCIATE MEMBERSHIP FEES		
	S'PORE CITIZEN/PR	OTHERS	INDIVIDUAL - CORPORATE
ENTRANCE FEE (NEW MEMBER)	<input type="checkbox"/> S\$20	<input type="checkbox"/> S\$20	N.A.
ANNUAL SUBSCRIPTION	<input type="checkbox"/> S\$20	<input type="checkbox"/> S\$50	<input type="checkbox"/> S\$10
PAYMENT METHOD	TOTAL AMOUNT: S\$ <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE CHEQUE NO: *Cheque must be CROSSED and made payable to "SINGAPORE BALLROOM DANCE TEACHERS' ASSOCIATION".		

FOR OFFICIAL USE ONLY	
VALIDITY DATE	SBDTA PRESIDENT/TREASURER/SECRETARY NAME: _____ SIGNATURE: _____
<input type="checkbox"/> APPROVED	SBDTA ASSOCIATE MEMBERSHIP ID _____ RECEIPT _____
<input type="checkbox"/> REJECTED	REASON WHERE APPLICABLE