

## HIGHLAND DANCING ASSOCIATION OF TARANAKI - MEMBERSHIP FORM

I wish to apply for membership of Highland Dancing Association of Taranaki (HDAOT), and in doing also confirm that I/We reside in, or have an association with a Member of an Examining body who resides in the province of Taranaki, New Zealand. HDAOT complies with the Privacy Act 2020 and the Incorporated Societies Act 1908.

**Please complete all spaces on the form for each person applying for membership.**

### MEMBERSHIP CLASSIFICATION

**Senior Member** - Over 18 years of age and, either a Dancer, or a Parent/Caregiver/Grandparent of a dancer, or a Member of an Examining body

**Student (Senior)** - Is a "Senior Member" who is studying Fulltime (minimum 25 hours/week) and provides a copy of their student card.

**Super (Senior)** - Is a "Senior Member" who is 65+ years with a valid NZ Super Gold Card.

**Junior Member** – Under 18 years of age and either a dancer, a sibling of a dancer, or child of a Member of an Examining body

**Associate Member** - Over 18 years of age and but does not meet the above two membership criteria.

**Membership acceptance is at the discretion of the HDAOT Committee**

### APPLICANT/S INFORMATION

1 - Member Type: Senior <input type="checkbox"/> \$15, Student (Senior) <input type="checkbox"/> \$5, Super (Senior) <input type="checkbox"/> \$5, Junior <input type="checkbox"/> \$5, Associate <input type="checkbox"/> \$15,		
Surname	First Name	D.O.B
Address		
Town/City		Postcode
Home phone	Mobile phone	
email address		
2 - Member Type: Senior <input type="checkbox"/> \$15, Student (Senior) <input type="checkbox"/> \$5, Super (Senior) <input type="checkbox"/> \$5, Junior <input type="checkbox"/> \$5, Associate <input type="checkbox"/> \$15,		
Surname	First Name	D.O.B
Address		
Town/City		Postcode
Home phone	Mobile phone	
email address		
3 - Member Type: Senior <input type="checkbox"/> \$15, Student (Senior) <input type="checkbox"/> \$5, Super (Senior) <input type="checkbox"/> \$5, Junior <input type="checkbox"/> \$5, Associate <input type="checkbox"/> \$15,		
Surname	First Name	D.O.B
Address		
Town/City		Postcode
Home phone	Mobile phone	
email address		
4 - Member Type: Senior <input type="checkbox"/> \$15, Student (Senior) <input type="checkbox"/> \$5, Super (Senior) <input type="checkbox"/> \$5, Junior <input type="checkbox"/> \$5, Associate <input type="checkbox"/> \$15,		
Surname	First Name	D.O.B
Address		
Town/City		Postcode
Home phone	Mobile phone	
email address		
5 - Member Type: Senior <input type="checkbox"/> \$15, Student (Senior) <input type="checkbox"/> \$5, Super (Senior) <input type="checkbox"/> \$5, Junior <input type="checkbox"/> \$5, Associate <input type="checkbox"/> \$15,		
Surname	First Name	D.O.B
Address		
Town/City		Postcode
Home phone	Mobile phone	
email address		

A Family membership of \$30 is available to all members residing at the same address.

Tick Box if applicable

**Total Membership fee payable.**

**\$** \_\_\_\_\_

Please make payment with your Surname as reference to TSB 15-3944-0227214-00.

I consent, or am authorised to consent, to all the contact details specified in this form being held by the HDAOT for the purposes of contacting any of the person(s) named.

I also acknowledge that all persons named on this membership form will be bound by the constitutions, regulations, policies, manuals, guidelines of HDAOT.

The completed, signed membership form can be emailed to:- [emailhdaot@gmail.com](mailto:emailhdaot@gmail.com)

Signature \_\_\_\_\_

Date \_\_\_\_\_