

www.ncdta.com

**The Northern Counties Dance Teachers’ Association Limited**

**Membership & Professional Examination Application Form**

Associate membership may be granted to an applicant who is 17 years of age or over.

Licentiate may be granted to an applicant who is 21 years of age or over and who has had two years teaching experience prior to their application.

**General Secretary/Treasurer**

Cora Ann Leonard

secretary@ncdta.com www.ncdta.com

2. Southlands. South Place, Stockton Road. Ryhope. Sunderland. Tyne & Wear. SR2 0LS

Tel: 0191 2682372

**Return this form, with fees to the General Secretary, NCDTA Ltd.**

I hereby apply to become a member and take the following examination as an

….....................................of the ………………………………….Branch.

Proposed date of Exam…………………………..

Surname…………………………………………….…....First Names……………………..………………………………………………………….

Email ………………………………………………………………………………….. (Newsletter sent by email, please print clearly)

Residential Address …………………………………………………………………………...…………………………………………………………

……………………………………………………………………………………….……………….Post Code ……………………………………………

Date of birth …………………..……. Tel No …………….…….………………..Mobile…………….…….…………………………………….

How long have you taught dancing and in what capacity?……………………….……………………………………………………

By whom have you been trained? …………………………………………………………………………………………………………………

By whom have you been trained for this examination? …………………………………………………..……………………………

Do you have a current DBS certificate? ……………………. Have you any criminal convictions?............................
(Once you have completed your examination you can apply for a DBS through the NCDTA website)

Have you ever been expelled from any relevant Association? ………………………………………………………………………

**Give the name of your Proposer who is a current member of the NCDTA and a Referee.**

Proposer Name………………………………………………………… Membership no……..………Signature………….…...………

Referee Name ………………………………...................................Address………………..……………………………………………

…………………………………………………………………………………………………..…………………….Postcode………...…..……………

Tel No ………………….………………………Email…………………………………...………………………………………………………………

I enclose herewith £ , being Entrance Fee, Examination Fee and Annual Subscription.

Contact the office for Entrance Fee, Examination Fee & Annual Subscription.

Bank transfer: Account Name NCDTA. Sort Code: 20 59 61. Account No: 40063150

Cheques made payable to NCDTA Ltd.

**If elected to be a member I declare that I have read and understood and will abide by NCDTA Code of Conduct and Professional Etiquette. View at** [**www.ncdta.com**](http://www.ncdta.com)

I hereby undertake, if elected to be a member, to contribute to the assets of the Company in the event of the Company being wound up while I am a member, or within one year after I cease to be a member, for payment of the debts and liabilities of the Company contracted before I cease to be a member and of the costs, charges and expenses of winding up and for the adjustment of the rights of the contributories among themselves such amount as may be required but not exceeding one pound.

***Signature of Candidate…………………………………………………………………………………***

***Date………………………………………***