

Royal Academy of Dance  
 1712 19th St. #215B  
 Bakersfield, Ca 93301-4313  
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 Fax: 661-336-0162



**MEMBERSHIP APPLICATION FORM**  
*Due by December 31, 2011 for the year 2011/2012*

Mr/Mrs/Miss/Ms\* (circle one)

Last Name:		First Name:	
Membership ID (Renewing members only):			
Mailing Address:			
City:			
State:		Zip Code:	
Tel.	Cell.	Fax.	
E-mail:		Date of Birth:	
Studio ID:		Studio Name:	

Most recent examination passed \_\_\_\_\_ Result \_\_\_\_\_

Date \_\_\_\_\_ Location \_\_\_\_\_

I would like to apply for: *(Please mark subscription type):*

<input type="checkbox"/>	Teaching membership and enclose payment instruction for \$176.00.
<input type="checkbox"/>	Full membership and enclose payment instruction for \$115.00.
<input type="checkbox"/>	Affiliate membership and enclose payment instruction for \$72.00.

*If you are in f/t education then the full membership subscription is reduce to \$72.00.*

<input type="checkbox"/>	I am applying for Full membership, but at the reduced subscription of \$72.00. <b>If you are over the age of 18, a copy of school schedule is required.</b>
<input type="checkbox"/>	Corporate membership: Enclose payment instruction for \$115.00.
<input type="checkbox"/>	Friend (individuals only) enclosed payment instructions for \$56.00.

Payment Type: Check or Money Order  or,

Please charge my VISA  MasterCard  Amount: \$\_\_\_\_\_

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| **V-Code** \_\_\_\_\_

Expiration Date |\_\_|\_\_| |\_\_|\_\_| |\_\_|\_\_| Cardholder's Name: \_\_\_\_\_  
m m y y

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE ONLY  
 Received \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Check # \_\_\_\_\_