

Royal Academy of Dance
 1412 17th St. #259
 Bakersfield, Ca 93301
 Tel: 661-336-0160
 Fax: 661-336-0162



MEMBERSHIP APPLICATION FORM
Due by October 1, 2007

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

Last Name:		First Name:	
Membership ID (Renewing members only):			
Mailing Address:			
City:			
State:		Zip Code:	
Tel.		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"/>	Registered Teacher Membership \$150.00 (USD).
<input type="checkbox"/>	Full Membership \$105.00 (USD). Rate applies to Full Members over the age of 18.
<input type="checkbox"/>	Full Member Reduced Rate \$65.00 (USD). If you are over the age of 18 you must provide evidence of being in full time education.
<input type="checkbox"/>	Affiliate Membership \$65.00 (USD).
<input type="checkbox"/>	Friend/Corporate Subscriber (individuals only) \$50.00 (USD).
↓	Please refer to page 2 for further information on types of membership.

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 # _____