

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



MEMBERSHIP APPLICATION FORM
Due by December 31, 2009 for the year 2009/2010

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 \$164.00.
<input type="checkbox"/>	Full membership and enclose payment instruction for \$107.00.
<input type="checkbox"/>	Affiliate membership and enclose payment instruction for \$70.00.

If you are in f/t education then the full membership subscription is reduced to \$70.00.

<input type="checkbox"/>	I am applying for Full membership, but at the reduced subscription of \$70.00. If you are over the age of 18 you must provide copy of your full time schedule.
<input type="checkbox"/>	Corporate membership: Enclose payment instruction for \$107.00.
<input type="checkbox"/>	Friend (individuals only) enclosed payment instructions for \$55.00.

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 # _____