

A.C.F. and \_\_\_\_\_ (State Callers Association)

**MEMBERSHIP APPLICATION / RENEWAL FORM**

I wish to apply for EITHER 1. FINANCIAL MEMBERSHIP OF THE A.C.F.

OR 2. AN UPDATE/RENEWAL OF MEMBERSHIP STATUS

AND/OR 3. APRA LICENCE

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And I offer the following particulars in support of my application.

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

PARTNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

TELEPHONE – HOME [    ] \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address \_\_\_\_\_

**IF THERE IS INSUFFICIENT SPACE IN ANY OF THE FOLLOWING SECTIONS PLEASE ATTACH A SEPARATE LIST**

**CALLING HISTORY**

YEAR COMMENCED CALLING: \_\_\_\_\_ YEAR COMMENCED CLUB CALLING: \_\_\_\_\_

**CURRENT AND CONTINUOUS CLUBS** (list each program night separately)

| CLUB NAME                               |       |               |                  |  |
|---|-------|---------------|------------------|--|
| CLUB AREA                               |       |               |                  |  |
| YEAR STARTED                            |       |               |                  |  |
| NIGHTS per MONTH                        |       |               |                  |  |
| LEVEL (Program)                         |       |               |                  |  |
| SOLO/Share/Trainee                      |       |               |                  |  |
| No of Learner Classes conducted         |       |               |                  |  |
| YEAR of Last CLASS                      |       |               |                  |  |
| PREVIOUS CLUB NAME & AREA (non current) | LEVEL | YEARS SERVICE | NIGHTS PER MONTH |  |
|   |       |               |                  |  |
|   |       |               |                  |  |
|   |       |               |                  |  |

**GENERAL INFORMATION**

|                                     |                                      |
|-------------------------------------|--------------------------------------|
| Do you teach Round Dancing?         | Do you cue Round Dancing?            |
| Do you call one night shows?        | Average member per year?             |
| Do you teach Contra Dancing?        | Do you prompt Contras?               |
| Do you teach Clogging?              | Do you cue Clogging?                 |
| Do you teach Line Dancing?          | Do you cue Line Dancing?             |
| No. of Aust. Nat. Conv. attended?   | Year of Last National attended?      |
| No. of Aust. Nat. Conv. programmed? | Year first programmed at a National? |

*Use this form to apply for membership of ACF and State Callers Associations. Return with payment to YOUR State Co-Ordinator.*

**DETAILS OF MEMBERSHIP OF , AND OFFICES HELD IN CALLER/DANCER ASSCNS (Years)**

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**LIFE MEMBERSHIP?**

**CALLER EDUCATION AND OTHER CAREER DETAILS (in date order)**

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**OVERSEAS EXPERIENCE:**

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**DECLARATION:** I state that I have read the "AIMS & OBJECTIVES" and the "CODE OF ETHICS" of the ACF, as on the back of this form, and/or as contained in ACF Constitution and that I pledge my support for them.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

*The following section to be completed by State Callers Association.*

**HOME STATE ACCREDITATION:**

It is confirmed to the knowledge of \_\_\_\_\_ Association, that the details above are an accurate account of the calling experience of the applicant

Confirmation of eligibility to call or to be programmed at a National Convention as per requirements laid down in the Manual for the operation of Australian National Square Dance Conventions (121.0)

National eligibility: Mainstream [    ] Plus [    ] A1 [    ] A2 [    ]

Home State accredited Status (if any) \_\_\_\_\_

Signed: \_\_\_\_\_

Position \_\_\_\_\_ Date: \_\_\_\_\_

Additional notes may be attached as necessary