

A.C.F. MEMBERSHIP/APRA APPLICATION FORM

BMH 009

Edition October 2008

Use this form to apply for membership of ACF and for Convention Accreditation without State Asscn membership. Return with payment to Secretary ACF.

I WISH TO APPLY FOR EITHER:-

FINANCIAL MEMBERSHIP OF THE A.C.F., OR AN UPDATE OF MY MEMBERSHIP STATUS AND/OR APRA AND I OFFER THE FOLLOWING PARTICULARS IN SUPPORT OF MY APPLICATION.

SURNAME: _____ **FIRST NAME:** _____

PARTNERS NAME:. _____

ADDRESS: _____

CITY / TOWN _____ **STATE** _____ **P/C** _____

TELEPHONE - HOME [_____] **EMAIL** _____

CALLING HISTORY

YEAR COMMENCED CALLING:

YEAR COMMENCED CLUB CALLING:

PREVIOUS CLUB NAME & AREA	YEARS SERVICE	NIGHT per MONTH
1	from _____ to _____	at _____
2	from _____ to _____	at _____
3	from _____ to _____	at _____
4	from _____ to _____	at _____

CURRENT AND CONTINUOUS CLUBS (List each program night separately) **CLUB NAME**

CLUB AREA	YEAR STARTED	NIGHTS PER MONTH	MAIN DANCE PROGRAM	SOLO CALLER or SHARE OR TRAINEE	NO. OF LEARNERS CLASSES RUN	YEAR OF LAST CLASS

GENERAL INFORMATION

Do you teach Round Dancing? _____	Do you cue Round Dances? _____
Do you call one night shows? _____	Average number per year _____
Do you teach Contra Dancing? _____	Do you prompt Contras? _____
Do you teach Clogging? _____	Do you prompt Clogging? _____
No. Aust. National Conv. Attended? _____	Year of last National attended _____

DETAILS OF MEMBERSHIP AND OFFICE HELD IN CALLER/DANCE ASSOCIATIONS (_____ YEARS)

CALLER EDUCATION AND OTHER CAREER DETAILS (in date order)

DECLARATION: I STATE THAT I HAVE READ THE AIMS AND OBJECTIVES AND THE CODE OF ETHICS OF THE A.C.F. AS ON THE BACK OF THIS FORM, AND THAT I PLEDGE MY SUPPORT TO THEM.

SIGNED _____ **DATE:** _____

I confirm that to the knowledge of the..... Association, the details above are an accurate account of the calling experience of

SIGNED.....**POSITION****DATE:**.....