



**THE ROYAL SCOTTISH COUNTRY DANCE SOCIETY  
NEW ZEALAND BRANCH INC.**

## New Member Application

This form may be used to submit an application to become a member of NZ Branch.

Please send the completed form to both the Branch Secretary and your Region Secretary.

<b>These fields are required</b>	
Title	
First name	
Last name	
Address	
Post code	
Age range	<input type="checkbox"/> Under 27 <input type="checkbox"/> 27-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 56-65 <input type="checkbox"/> 66 and over
Region	
The primary club of which you are a member State 'None' if you do not attend a club	
Attributes (select all which apply)	<input type="checkbox"/> RSCDS Teacher <input type="checkbox"/> Dancer <input type="checkbox"/> Musician <input type="checkbox"/> Other

<b>These fields are optional</b>	
Preferred name	
Telephone (home)	
Telephone (mobile)	
Email	

<b>Please select a membership category</b>	
Adult Single	<input type="checkbox"/> Non-email: \$90 <input type="checkbox"/> Email: \$80 <input type="checkbox"/> Introductory: \$29
Adult Joint	<input type="checkbox"/> Non-email: \$72 <input type="checkbox"/> Email: \$67
Young Adult (18-24)	<input type="checkbox"/> Non-email: \$61 <input type="checkbox"/> Email: \$51

<b>The following information is required if you have selected Joint Membership</b>	
Name of joint member	
Membership status of joint member	<input type="checkbox"/> Already a member <input type="checkbox"/> In the process of becoming a member
Member number of joint member (if known)	
Confirm that that the joint member is in the same category as yourself (Both email or both non-email)	<input type="checkbox"/> Yes
Will you be the primary member who receives communications (email/postage) Only one of a pair of joint members may select this option.	<input type="checkbox"/> Yes <input type="checkbox"/> No