



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 Communication, Publicity and Membership Co-ordinator and your Region Secretary.

<b>These fields are required (*)</b>			
Title *			
First name *			
Last name *			
Address			
- Line 1 *			
- Line 2			
- Suburb			
- City/Town *			
- Post Code *			
- State/County (if non-NZ)			
- Country (if non-NZ)			
Region *			
The primary club of which you are a member * State 'None' if you do not attend a club			
<b>These fields are optional</b>			
Telephone (preferred)			
Telephone (alternative)			
Email (Required for email membership)			
<b>Please select a membership category</b>			
<b>Note:</b> If selecting joint membership, both members must select the same category (Joint Non-email or Joint Email).			
Adult Single	<input type="checkbox"/> Non-email: \$81	<input type="checkbox"/> Email: \$71	<input type="checkbox"/> Half-Year: \$40
Adult Joint	<input type="checkbox"/> Non-email: \$65	<input type="checkbox"/> Email: \$60	
Young Adult (18-24)	<input type="checkbox"/> Non-email: \$55	<input type="checkbox"/> Email: \$45	
<b>The following information is required if you have selected Joint Membership</b>			
<b>Note:</b> If two new members are requesting joint membership, BOTH are required to submit an application form.			
Name of joint member			
Will you be the primary contact 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	