



**ACT DRAMA (Educators') ASSOCIATION
MEMBERSHIP APPLICATION**

Individual membership

Name : _____

Which education institution are you associated with (if applicable) : _____

or

Organisational membership

Name of school / organisation : _____

Contact Details:

Postal address: _____

Phone: (Work) _____ (Home): _____

Fax: _____

E-mail address: _____

Type of membership (Please circle appropriate fee)

Individual \$35.00 School / organisation \$40.00 Concession \$20.00

Method and year of payment (Please circle appropriate method)

Payment for the year of _____ paid by Cash or Cheque (made payable to ACTDA)

- Note: Membership to ACTDA entitles you to
- (1) Membership of Drama Australia, the National Association
 - (2) ADEM journal
 - (3) Newsletters and
 - (4) Reduced rates for workshops.

Membership is paid annually and expires on the date of the AGM.

Please send completed application form with payment to
Maria Gibson, Secretary, Lake Tuggeranong College, Cowlshaw Cres ACT 2900