

APPLICATION

MEMBERSHIP/ COMPETITOR REGISTRATION



Company Limited by Guarantee ABN 72 085 929 835

Registration Period : January 1st to December 31st 2019

Online Registrations – For existing members, online registrations may be made via the payment portal on the DSA website at www.dancesport.org.au. New members registering for the first time are required to submit a written application through their State Registration Officer, accompanied with a birth certificate copy, as proof of age.

First Name (Mr/Mrs/Miss/Ms) _____ Family Name _____

PLEASE PRINT

Postal Address _____

State _____ Postcode _____ DOB Gender M F

Telephone No/STD Code _____ Business _____ Home _____ Other _____

Email address _____

Membership Registration Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Studio Name	<input type="text"/>					

Mark An "x" If First Registration:
If first registration Proof of age is required with this application

(Please refer to notes and conditions of registration on the reverse side before completing this form)

Please Mark Registration Details With An "x" In Box As Applicable

Registration	Category of Competitor
<input type="checkbox"/> Membership only <input type="checkbox"/> Competitor Registration	<input type="checkbox"/> Professional <input type="checkbox"/> Amateur Graded

Fee Schedule INCLUSIVE OF MEMBERSHIP FEE & GST

Membership Category	Registration	Fee	OFFICE USE ONLY
Ordinary	Professional Competitors	\$79.00	Receipt No <input type="text"/> <input type="text"/> <input type="text"/>
Ordinary	Amateur Graded - Adult, Masters and Youth 16 years and over	\$79.00	
Ordinary	Amateur Graded - Junior, Juvenile and Youth under 16 years	\$50.00	
Ordinary	Membership Only	\$73.00	
Transfer from Recreational	Adult, Masters and Youth 16 years and over	\$50.00	
Transfer from Recreational	Junior, Juvenile and Youth under 16 years	\$30.00	

Fee Enclosed \$

(FEES ARE INCLUSIVE OF GST) Payments may be made by Visa card or MasterCard. Please complete the details required on the reverse side of this form if using this facility.

MEMBER CONSENT DECLARATION

APPLICANTS MUST COMPLETE THE MEMBER CONSENT DECLARATION RECORDED ON THE REVERSE SIDE OF THIS FORM.

Privacy Statement: Dancesport Australia is bound by the Commonwealth Privacy Act 1988, which sets out a number of principles concerning the protection of an individual's personal information. Each individual has the right of access to their personal information and the ability to correct it, if needed.

FORWARD THIS FORM AND FEE TO YOUR STATE BRANCH REGISTRATION OFFICER (ADDRESS LISTED ON REVERSE SIDE)

MEMBER CONSENT DECLARATION

THIS SECTION TO BE COMPLETED BY ALL MEMBERS OF THE AGE OF *EIGHTEEN OR OVER*

Agreement to submit to DSA anti-doping policy and acceptance of the DSA constitution, and the DSA competition rules.

I,
the undersigned hereby undertake to abide by, support, promote and submit to the DSA anti-doping policy, the DSA constitution, DSA competition rules and DSA policies. I am aware and that if I violate any of these policies and rules I may be subject to disciplinary sanctions as set out in the respective policies and rules.

Dated this:..... day of:.....2019

Signed:.....

THIS SECTION MUST BE COMPLETED BY MEMBERS *UNDER THE AGE OF EIGHTEEN YEARS*

Parents agreement to submit child to DSA anti-doping policy and acceptance of the DSA constitution, and the DSA competition rules.

I,
confirm that I am the permanent and/or legal guardian of:

.....
and hereby give my consent for my child to abide by, support, promote and submit to the DSA anti-doping policy, the DSA constitution, DSA competition rules and DSA policies. I am aware and that if I violate any of these policies and rules I may be subject to disciplinary sanctions as set out in the respective policies and rules.

Dated this:..... day of:.....2019

Signed:.....

STATE BRANCH REGISTRATION OFFICERS
MAIL TO BE ADDRESSED TO: DANCESPORT (STATE) REGISTRATION OFFICER

Contact details for State Branch
Registration Officers
is online at
www.dancesport.org.au

PAYMENT BY CREDIT CARD: AUTHORITY

Indicate one of the following: Visa MasterCard CVV Number (back of card)

Card Number: EXP:

Name Of Cardholder: _____

Amount Of Payment: \$ _____ Signature Of Cardholder: _____