



**I AM APPLYING TO BECOME A:** (please *CAREFULLY* read and tick membership type)

☐ **FULL MEMBER (\$55)**

**FULL MEMBERSHIP** is attainable by any person holding a **teaching qualification** in Speech, Drama, Performance or Communication which the Association from time to time recognises (eg. AMEB, TCL, ACM, ASCA), or a teaching qualification in Speech, Drama, Performance or Communication from a recognised tertiary institution. Full membership may also be attained by a person having extensive teaching experience in Speech, Drama, Performance or Communication which the Association from time to time recognises.

*N.B. The CSPT Inc. requires a NEW APPLICATION for FULL MEMBERSHIP to be accompanied by a copy of qualifications to be certified by a Justice of the Peace. Such documentation must be sent with this membership application form **by post**.*

☐ **ASSOCIATE MEMBER (\$40)**

**ASSOCIATE MEMBERSHIP** is attainable by any person who is **not eligible for Full Membership** but is interested in Speech, Drama, Performance or Communication OR any person who is interested in the Association OR students of Speech, Drama, Performance or Communication.

**(Please note: If you have *previously* been a member of the Association, you should complete a Membership Renewal Form available on the Association's website [www.csptinc.org.au](http://www.csptinc.org.au))**

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## **PERSONAL DETAILS**

**SURNAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_

**TITLE:** Mrs \_\_\_\_\_ Miss \_\_\_\_\_ Ms \_\_\_\_\_ Mr \_\_\_\_\_ Dr \_\_\_\_\_ Other (*Specify*) \_\_\_\_\_

**POSTAL ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_ **POSTCODE:** \_\_\_\_\_

**TELEPHONE** (Landline) \_\_\_\_\_ **TELEPHONE** (Mobile) \_\_\_\_\_

**E-MAIL ADDRESS** (*please print clearly*)

\_\_\_\_\_

**TEACHING QUALIFICATIONS** (*If applicable*)

\_\_\_\_\_

\_\_\_\_\_

## BRIEF TEACHING EXPERIENCE

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I wish to receive the CSPT Inc. publication, *The Quarterly Voice* via... ☐ Email ☐ Post

If you are willing to make a contribution to *The Quarterly Voice*, please nominate the type of contribution you could make and/or the topic.

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## REFERRAL SERVICE

Do you wish to be referred for teaching? ☐ YES ☐ NO

If YES, please note that your suburb, email address, phone number (if supplied), will be available to the public as part of the referral service. Members are responsible for maintaining and updating their online referral listing.

Are you willing to travel for teaching referrals? ☐ YES ☐ NO

Do you wish to be referred for eisteddfod/festival adjudication? ☐ YES ☐ NO

## BRIEF ADJUDICATION EXPERIENCE (if applicable, please complete)

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### SPECIALIST AREAS of PROFESSIONAL INTEREST

(Please TICK ✓ those areas in which you have instructional skills or experience)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> ACM                            | <input type="checkbox"/> AMEB                             | <input type="checkbox"/> ASCA                           | <input type="checkbox"/> Trinity College London |
| <input type="checkbox"/> Individual                     | <input type="checkbox"/> Small Groups                     | <input type="checkbox"/> Large Groups                   |   |
| <input type="checkbox"/> Drama Groups                   | <input type="checkbox"/> Group Speaking                   | <input type="checkbox"/> Public Speaking                |   |
| <input type="checkbox"/> Debating                       | <input type="checkbox"/> Musical Theatre                  | <input type="checkbox"/> Communication Skills           |   |
| <input type="checkbox"/> Accent Reduction               | <input type="checkbox"/> Special Needs Teaching           | <input type="checkbox"/> ESL Teaching                   |   |
| <input type="checkbox"/> Radio/Voiceover                | <input type="checkbox"/> Television Presentation          | <input type="checkbox"/> Film (on camera) Work          |   |
| <input type="checkbox"/> Accents                        | <input type="checkbox"/> Theatre Work/Stagecraft          | <input type="checkbox"/> Audition Skills                |   |
| <input type="checkbox"/> Primary School English Tuition | <input type="checkbox"/> Secondary School English Tuition | <input type="checkbox"/> Secondary School Drama Tuition |   |

By signing below, I certify all information is true and correct.

Signature of Applicant: \_\_\_\_\_

Date:    /    /

## **PAYMENT OPTIONS FOR NEW MEMBERS**

**IMPORTANT REMINDER:** An application for FULL membership *must* be accompanied by certified copies of qualifications, correct payment for membership type (Full or Associate) by cheque, money order or EFT (please supply receipt number with application). Please note account details for new membership applications only:

CSPT Inc. New Membership Application Account (Suncorp)

BSB: 484-799

Account Number: 350312169

Please send documentation to:

**Mrs Rowena Luck-Geary,  
Membership Officer, CSPT Inc.  
408 Boston Road, Belmont QLD 4153**

### **APPLICATION PROCESS:**

Once New Membership Application form, documentation and payment is received, your application will be reviewed at a Committee meeting of the CSPT Inc.

### **Office Use Only:**

Date received: \_\_\_\_\_

Date ratified: \_\_\_\_\_

Date payment received: \_\_\_\_\_

Date notified of receipt: \_\_\_\_\_

Date notified of ratification: \_\_\_\_\_

Username: \_\_\_\_\_