Communication, Speech & Performance Teachers Inc.

NEW MEMBERSHIP APPLICATION

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)

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

_____

_____

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.

_____

_____

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)*

_____

_____

SPECIALIST AREAS of PROFESSIONAL INTEREST

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

❑ ACM ❑ AMEB ❑ ASCA ❑ Trinity College London

❑ Individual	❑ Small Groups	❑ Large Groups
❑ Drama Groups	❑ Group Speaking	❑ Public Speaking
❑ Debating	❑ Musical Theatre	❑ Communication Skills
❑ Accent Reduction	❑ Special Needs Teaching	❑ ESL Teaching
❑ Radio/Voiceover	❑ Television Presentation	❑ Film (on camera) Work
❑ Accents	❑ Theatre Work/Stagecraft	❑ Audition Skills
❑ Primary School English Tuition	❑ Secondary School English Tuition	❑ 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 notified of receipt: _____
Date ratified: _____ Date notified of ratification: _____
Date payment received: _____ Username: _____