



SPEECH and DRAMA TEACHERS' ASSOCIATION of QUEENSLAND Inc.

2010 MEMBERSHIP SUBSCRIPTION FORM (1st January-31st December 2010)

SURNAME: _____ **GIVEN NAMES:** _____
(Indicate if first name is NOT the one you prefer to use.)

TITLE (Circle one): Mrs Miss Ms Mr Dr Other (Specify) _____

POSTAL ADDRESS: _____ **P/code:** _____

RESIDENTIAL ADDRESS: _____ **P/code:** _____
(if different from postal address)

Telephone (Home): _____ **Telephone** (Business): _____

Telephone (Mobile): _____ **FAX Number:** _____

e-mail address (Print clearly) >>>

QUALIFICATIONS:
(List any changes from 2009) _____

TEACHING EXPERIENCE: _____
(Update as relevant)

AREAS of PROFESSIONAL INTEREST (TICK examining bodies for which referral is desired)

ACM AMEB ASCA Trinity Guildhall Other: _____

To indicate specialist areas of interest, please complete the section (reverse of this page). Turn overleaf.

Do you wish to be referred for eisteddfod/festival adjudication in 2010? YES* NO

*If YES (above), state most recent experience (place/year): _____

MEMBERSHIP TYPE (TICK one box at right)
 FULL Member (\$55) FULL Member – Retired Rate (\$40) FULL Member – Religious Rate (\$40)
 Associate Member ASSOCIATE Member (\$40) – STUDENT Rate (\$40)

(TICK one box below) I am a ..

LAPSED MEMBER renewing NEW MEMBER RENEWING MEMBER from 2009

MEMBERSHIP RENEWAL is DUE by December 31st 2009 **Make fees payable to "SDTAQ Inc."**
N.B.: Cheques will not be cashed until after 4th January 2010

FORWARD fee & completed membership form to 50 Stephen Street, CAMP HILL, Qld 4152

A RECEIPT will NOT be issued unless a stamped, self-addressed envelope is enclosed.

Cheque Money Order
Fee:
Rec: ____/____/20____

I agree that my image may be used for promotional purposes (including use in *The Quarterly Voice*, on the SDTAQ Inc. website, etc) at the discretion of the SDTAQ Inc. Management Committee.
Signature: _____ **Date:** ____/____/20____

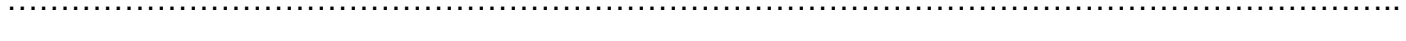
OFFICE USE ONLY
Website Details: Username: _____ Password: _____ Created: / /

In 2010, I would like to receive my copy of *The Quarterly Voice* as: Please TICK ✓
an Electronic Copy emailed to: _____ or a Printed Copy



I am willing to make a contribution to *The Quarterly Voice*: Please TICK ✓ YES NO

If YES, please nominate the type of contribution that you would like to make and/or topic:



SPECIALIST AREAS of PROFESSIONAL INTEREST

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

- | | | |
|--|--|---|
| <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"/> Remedial 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 (American) | <input type="checkbox"/> Accents (Other) | <input type="checkbox"/> Theatre Work/Stagecraft |
| <input type="checkbox"/> Primary School
English Tuition | <input type="checkbox"/> Secondary School
English Tuition | <input type="checkbox"/> Wishing to teach in schools
(i.e. Speech, Drama, etc) |



MEMBERSHIP CATEGORIES

FULL MEMBERSHIP is obtainable by any person who (in the opinion of the Management Committee) is a proper person to be admitted to full membership for reasons including:

- being a practising or formerly practising teacher of Speech or Drama or
- having experience in the fields of Speech or Drama or
- holding qualifications in either speech or drama which the Association from time to time recognises [e.g. from AMEB, TCL, ACM, or a qualification in the areas of Speech or Drama or Communication from a recognised tertiary institution].

The SDTAQ Inc. requires a NEW APPLICATION for Full Membership is to be accompanied by

- a copy of Speech/Drama qualifications be certified by a Justice of the Peace or Commissioner for Declarations.

Such documentation must be forwarded with the appropriate membership fee and membership subscription form.

This requirement does not apply to those who have allowed their membership to lapse but wish to rejoin the Association (i.e. renew their membership).

ASSOCIATE MEMBERSHIP is available to one who

- is not eligible for Full Membership *but*
- is interested in Speech or Drama or in the Association

The STUDENT RATE of Associate Membership is held by one who does not

- have a qualification in Speech or Drama or an equivalent tertiary qualification or
- fulfil the requirements for Full Membership *but*
- is pursuing formal Speech or Drama or Communication studies

