



I AM

- applying for NEW MEMBERSHIP a RENEWING MEMBER from 2016
- a LAPSED MEMBER I was a member in _____ (year of joining, if known)

MEMBERSHIP TYPE

- FULL MEMBER (\$55) ASSOCIATE MEMBER (\$40)
- FULL MEMBER (\$40 – Retired Rate)

MEMBERSHIP CATEGORIES of the CSPT Inc.

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.

This requirement does not apply to those who have allowed their membership to lapse but wish to rejoin the Association.

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.

PERSONAL DETAILS

SURNAME _____ FIRST NAME _____

TITLE Mrs Miss Ms Mr Dr Other (Specify) _____

POSTAL ADDRESS _____

_____ P/Code _____

TELEPHONE (Landline) _____ TELEPHONE: (Mobile) _____

E-MAIL ADDRESS (please print clearly) _____

TEACHING QUALIFICATIONS (please complete)

BRIEF TEACHING EXPERIENCE (please complete)

I wish to receive the publication, the *Quarterly Voice* via Email Post

If you are willing to make a contribution to the *Quarterly Voice* in 2017, 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 ensure you complete the Specialist Area/s and Geographical Area sections below.
Please note that your email address, if supplied, will be available to the public as part of the referral service.*

Preferred contact phone number for referral _____

Do you wish to be referred for eisteddfod/festival adjudication in 2017? YES NO

BRIEF ADJUDICATION EXPERIENCE (please complete)

REFERRAL AREA/S

(Please TICK ✓ those areas in which you are willing to travel to for referral purposes)

- | | | |
|--|---|---|
| <input type="checkbox"/> Brisbane City | <input type="checkbox"/> Gold Coast | <input type="checkbox"/> Northern Queensland |
| <input type="checkbox"/> Brisbane Northern Suburbs | <input type="checkbox"/> Sunshine Coast | <input type="checkbox"/> Far North Queensland |
| <input type="checkbox"/> Brisbane Southern Suburbs | <input type="checkbox"/> Ipswich | <input type="checkbox"/> Northern New South Wales |
| <input type="checkbox"/> Brisbane Western Suburbs | <input type="checkbox"/> Central Queensland | <input type="checkbox"/> Sydney |
| <input type="checkbox"/> Brisbane Bayside | <input type="checkbox"/> Wide Bay/Burnett Region | |
| <input type="checkbox"/> Logan | <input type="checkbox"/> Darling Downs/South West QLD | |

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 | <input type="checkbox"/> Other _____ |
| <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 | | |
| <input type="checkbox"/> Other _____ | | | | |

If you have PREVIOUSLY been a member of the CSPT Inc. (formerly known as the SDTAQ Inc.) and wish to RENEW your membership:

***PAYMENT OPTION #1 FOR RENEWING OR LAPSED MEMBERS
(Electronic Funds Transfer)***

To pay by EFT, please go to:
www.csptinc.org.au (Members' Area - Membership Renewal)
and
complete the **online** MEMBERSHIP RENEWAL FORM 2017.

Account details will be provided on the second page of the electronic form once your details have been entered. Please enter your Username as the payment reference (if known).

If you do not have your website username and password, please email csptincorp@gmail.com.

**PAYMENT OPTION #2 FOR RENEWING OR LAPSED MEMBERS
(Cheque or Money Order)**

To pay by cheque or money order, please send:

A **CHEQUE or MONEY ORDER** made payable to
COMMUNICATION, SPEECH AND PERFORMANCE TEACHERS INC.
and
this completed **MEMBERSHIP RENEWAL FORM 2017** to

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

***N.B.** Cheques will not be processed until after 1st January 2016.
A receipt will not be issued unless a stamped, self-addressed envelope is enclosed.*

If you have NOT previously been a member of the CSPT Inc. and wish to join as a NEW member, please note the following:

If you are a new member, application for FULL MEMBERSHIP **must be accompanied by certified copies of qualifications** (as explained under FULL MEMBERSHIP on page 1).

Your application will be reviewed at a Committee Meeting of the CSPT Inc.

If your membership is ratified, you will be requested to make payment via Electronic Funds Transfer (EFT), cheque or money order.

Once payment has been received you will be notified of membership status and supplied with a **'username' and password** to gain access to the CSPT Inc. website and a range of members' benefits.

Please post this completed application form AND any relevant documentation (if applicable) to

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

Office Use Only

Date received _____
Date ratified _____
Date payment received _____

Date notified of receipt _____
Date notified of ratification _____
Username _____