



Renew your membership for 2017 to receive the Quarterly Voice 2017 editions, access to the Members' Area of the website, referral service and competitive public liability insurance.

Please choose one of the following options to renew your CSPT Inc. Membership for 2017. Please check your 'Personal Details' and amend if necessary.

***PAYMENT OPTION #1
(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 you do not have your website username and password, please email csptincorp@gmail.com.

***PAYMENT OPTION #2
(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

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

N.B. Cheques will not be processed until after 15th January 2017.
A receipt will only be issued if a stamped, self-addressed envelope is enclosed.

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 update if applicable):

BRIEF TEACHING EXPERIENCE (please update if applicable):

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:

Office Use Only

Date received	_____	Date notified of receipt	_____
Date ratified	_____	Date notified of ratification	_____
Date payment received	_____	Username	_____

REFERRAL SERVICE

Do you wish to be referred for teaching in 2017?

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 _____ | | | | |

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 (e.g. 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 having been 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.