



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

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)

- | | | | |
|---|---|---|---|
| <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* (as explained under FULL MEMBERSHIP on page 1).

APPLICATION PROCESS:

1. Your application will be reviewed at a Committee meeting of the CSPT Inc.
2. If your membership is ratified, you will be contacted and requested to make payment via Electronic Funds Transfer (EFT), cheque or money order.

Bank Details (Suncorp)

BSB: 484-799
Account Number: 451265458

3. 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 notified of receipt: _____
Date ratified: _____ Date notified of ratification: _____
Date payment received: _____ Username: _____