

Please download this form to your computer, fill it in, save it and email to:  
membership@mosaicdancenetwork.org

## Membership/Insurance Application

Please complete the first two sections of this form and then the relevant membership or insurance options.

Membership and insurance run May 1st – April 30th inclusive regardless of when you join (magazine from next issue at time of joining).

I agree to this information being held securely on a computer/hard copy by **Mosaic** and relevant third parties (please tick) Yes

### YOUR DETAILS (Please print)

Name  Stage name   
Address   
  
Postcode  Phone   
Email  Website

DANCE EXPERIENCE – please tick (✓) all that apply

Performer  Student  Teacher  Event organiser  Musician  Trader

### GDPR PERMISSIONS FOR MOSAIC ARABIC DANCE NETWORK (\*Essential)

We may occasionally disclose this information to other members of Mosaic. Do you agree to this? ..... Yes  No

1. Contact by: ..... email  post  phone

2. Can we contact you for marketing purposes? ... Yes  No

3. What information do you want made publicly available?  
phone  mobile  email  website  address

*We do not encourage personal emails as this may open you up to phishing, etc.*

4. Any other information you would like to share with us:  
Please state

#### FOR TEACHERS (Your consent is needed for these)

5. Would you like your details included in the Teacher's Listing? ..... Yes  No

6. Would you like your details included on the Mosaic website?? ..... Yes  No

**Please note that you must have relevant insurance to be included on these lists.**

### MEMBERSHIP OPTIONS please tick (✓)

UK Membership only: ..... with online magazine £30  ..... with paper magazine £30

UK Membership with insurance: £82 (£30 memb + £52 Ins) ..... with online magazine  ..... with paper magazine

International Membership: ..... with online magazine £30  ..... with paper magazine £40 incl p&p

\* I agree to be bound by the terms and conditions laid down by Mosaic Arabic Dance Network and, if relevant,

our insurance company ..... Yes  No

### MOSAIC TEACHERS INSURANCE APPLICATION (Attach notes on a separate sheet if necessary)

**This insurance is for MADN members only, resident in the UK. It runs in line with membership renewal.**

Mosaic membership no. (if known)  In what countries/counties/towns do you teach?

During the past three years has anyone made a claim against you? Yes  No  If Yes, please give full details:

Have you ever been convicted of any offence involving dishonesty of any kind? Yes  No  If Yes, please give full details:

### PAYMENT OPTIONS

Email: membership@mosaicdancenetwork.org PayPal: treasurer@mosaicdancenetwork.org

BAACS: Sort Code: 51-70-15 Account Number: 78531721 Reference: membership or membership & ins plus your name

Cheques: payable to Mosaic Arabic Dance Network  
(email or call for address) Phone: (+44) or (0) 7949 850322

Signed  Date