

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).

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

- Contact by: email post phone
- Can we contact you for marketing purposes? ... Yes No
- 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.
- Any other information you would like to share with us:
Please state

FOR TEACHERS (Your consent is needed for these)

- Would you like your details included in the Teacher's Listing? Yes No
- 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: £96 (£30 memb + £66 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:

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

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