

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 £25  .....with paper magazine £35   
UK Membership + insurance: with online magazine £115 (£25 memb + £90 Ins)  with paper magazine £125 (£35 memb + £90 Ins)   
International Membership: .....with online magazine £25  .....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