## 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).

## THIS BOX MUST BE COMPLETED, WE CANNOT STORE YOUR DETAILS WITHOUT YOUR PERMISSION

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 the major of the	of <i>Mosaic</i> . Do you agree to this?
2. Can we contact you for marketing purposes?Yes \subsetent No \subsetent	FOR TEACHERS
3. What information do you want made publicly available?	(Your consent is needed for these)
phone 🗆 mobile 🗀 email 🗀 website 🗀 address 🗀	5. Would you like your details included in the Teacher's Listing?Yes No
We do not encourage personal emails as this may open you up to phishing, etc.	6. Would you like your details included on
<b>4.</b> Any other information you would like to share with us:	the <i>Mosaic</i> website?Yes No
Please state	Please note that you must have relevant insurance to be included on these lists.
MEMBERSHIP OPTIONS please tick (✔)	
UK Membership only:with online magazine £35with paper magazine £35	
UK Membership + insurance: with online magazine £125 (£35 memb + £90 lns) ☐ with paper magazine £125 (£35 memb + £90 lns) ☐	
International Membership:	
our insurance company	
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 \( \sum \) No \( \sum \) If Yes, please give full details:
Thave you ever been convicted of any offence involving distributesty of any kind:	
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