

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 *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 £35 with paper magazine £35

UK Membership + insurance: with online magazine £135 (£35 memb + £100 Ins) with paper magazine £135 (£35 memb + £100 Ins)

International Membership:with online magazine £35 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) 7767 480259

Signed Date