Membership Form

Forename: ................................................................. Surname: .................................................................

Organisation: ................................................................. Email: .................................................................

Address: ........................................................................................................................................

Postcode: .......... Country: .................................................................

Phone: ................................................................. Website: .................................................................

Date of birth (if under 18): .................................................................

Membership type: Organisation [ ] Individual [ ] Under 18 [ ]

Student [ ] Senior Citizen [ ] Unwaged [ ]

Disabled [ ]

How would you describe yourself or organisation? Dance Organisation [ ] Dance Venue [ ]

Dance Company or Group [ ] Dance School [ ]

Dance Artist [ ] Dance Teacher [ ]

Dance Student [ ] Practitioner/Enthusiast [ ]

Other (please specify) ................................................................

What traditional dance forms do you practise / promote? ................................................................

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Do you wish to receive monthly updates with information on development opportunities, upcoming events, projects and highlights of dance news from across the national network and beyond?

Yes ☐  No ☐

We never share your information and you can change your mind at any time by clicking the unsubscribe link in the footer of any newsletter you receive from us, or by contacting us at info@tdfs.org

We use MailChimp as our marketing automation platform. By signing up to our mailing list, you acknowledge that the information you provide will be transferred to MailChimp for processing in accordance with their Privacy Policy and Terms.

Signature*: .................................................................  Name: .................................................................

Date: .................................................................

*A parent or legal guardian must sign in respect of juniors.

Please send the completed form with your payment to:

Traditional Dance Forum of Scotland
The Scottish Storytelling Centre
43-45 High Street
Edinburgh, EH1 1SR
United Kingdom

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Annual Subscription Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation</td>
<td>£20</td>
</tr>
<tr>
<td>Individual</td>
<td>£10</td>
</tr>
<tr>
<td>Concessionary*</td>
<td>£8</td>
</tr>
</tbody>
</table>

* Concessionary rates are available to U18s, full-time students, senior citizens in receipt of the state pension, unwaged and disabled persons.