



# English Amateur Dancesport Association

Application for Student Membership  
1<sup>st</sup> October 2009 to 30<sup>th</sup> September 2010

Full time students at any University are eligible for student membership of EADA. Registration for 2009-2010 is due by 1<sup>st</sup> October and you must have received your new card before competing. The completed form should be returned with the fee (cheque or PO) for £15 payable to EADA, a photocopy of your student card and a small stamped self-addressed envelope to: **EADA Student Membership, 162 Penwill Way, Paignton DEVON, TQ4 5JW**

Your details will be held on EADA's database and may be given to the International DanceSport Federation to assist the Federation in identifying our members entering and eligible for IDSF events.

*I wish to renew my membership with EADA*  *Last known number* \_\_\_\_\_  
*or I wish to apply to enrol with EADA as a new member*

*University* \_\_\_\_\_ *NUS/University card number* \_\_\_\_\_

**BLOCK CAPITALS PLEASE.** Fields marked with a \* are mandatory.

*Surname\** \_\_\_\_\_ *Forename\** \_\_\_\_\_ *Mr. Mrs. Ms. Miss Dr*  
*Known as* \_\_\_\_\_ *Other Names* \_\_\_\_\_  
*Address1\** \_\_\_\_\_  
*Address2* \_\_\_\_\_ *Date of Birth\** \_\_\_\_\_  
*Town/City\** \_\_\_\_\_ *Phone: Daytime* \_\_\_\_\_  
*Post Code\** \_\_\_\_\_ *Evening* \_\_\_\_\_  
*E-mail\** \_\_\_\_\_ *Mobile* \_\_\_\_\_

*Nationality\** \_\_\_\_\_ *Do you hold a current British Passport?\**  *Yes*  *No*  
*Country you elect to represent\** \_\_\_\_\_  
*Please note to represent England at least one half of the couple must hold a current British passport.*

*Partner* \_\_\_\_\_ *Partners Reg. No. if known* \_\_\_\_\_

I have enclosed a cheque / PO payable to EADA for £15.00

I have enclosed a photocopy of my student card and an SAE

Applicant sign below:

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**Please indicate below your ELIGIBLE STYLE(S) DANCED: and GRADE:**

<i>Standard</i>	Beginner <input type="checkbox"/>	Novice <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Pre-champ <input type="checkbox"/>	Championship <input type="checkbox"/>	Int'l / IDSF <input type="checkbox"/>
<i>Latin</i>	Beginner <input type="checkbox"/>	Novice <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Pre-champ <input type="checkbox"/>	Championship <input type="checkbox"/>	Int'l / IDSF <input type="checkbox"/>
<i>Sequence</i>	Beginner <input type="checkbox"/>	Starter <input type="checkbox"/>	Intermediate <input type="checkbox"/>		Championship <input type="checkbox"/>	

Date Received:	Date Sent:	Membership Number:	Partners. No.:
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