



The Society of Teachers of Speech and Drama

President: Professor Gervase Phinn
M.Ed, D.Litt, FRSA, FESB, Hon.FSTSD

• **APPLICATION FOR MEMBERSHIP**

*Delete as appropriate

PLEASE COMPLETE IN BLOCK CAPITALS Students complete sections 1 2 5 7; Friends complete sections 1 7

1. I, * Dr./Mr./Mrs./Miss./Ms. D.O.B.....

*Name for register if different from above

Address.....

.....

County..... Postcode..... Country.....

Email.....

Telephone No..... website.....

hereby apply for *FULL MEMBERSHIP/ASSOCIATE/FRIEND/STUDENT/

REINSTATEMENT a]Full b]Associate c]Friend d]Student of the Society of Teachers of Speech and Drama.

If Reinstatement, please give details of previous membership and record number (if known)

If applying for Full or Associate membership and you are already a Student please indicate your record number.....

2. TRAINING: *College/Teacher, with approximate dates:

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I am at present working towards the following teaching qualifications in Speech and Drama

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And hope to sit the relevant examinations in

3. QUALIFICATIONS (Degrees and/ or Specialist Diplomas, with dates. In the case of degrees give details of modules taken) [PLEASE ENTER TEACHER'S QUALIFICATIONS WHERE APPLICABLE [i.e. LLAM (T. Dip).] **COPIES OF CERTIFICATES SHOULD BE ENCLOSED – PLEASE DO NOT SEND ORIGINALS!**

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Are you a State Qualified Teacher? *YES/NO

Do you have DBS clearance? *YES/NO Is this Enhanced clearance? *YES/NO

If Yes give Number of your certificate and date of issue

4. ASSOCIATE Associate members must be recommended by a member of Council and this may involve a visit to observe your work.

5. STUDENT (a) Qualifications

(b) Sponsored by (**accompanied by letter**)

6. TEACHING EXPERIENCE (Speech and Drama only). Please give details as follows:

(a) Number of years experience..... *Full time work..... *Part time..... Do you teach privately?
*YES/NO

Please state where you are teaching at present:

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Age range of students

State any special interests (eg Mime, Public Speaking and which examination boards you prepare students for)

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7. I certify that the information given above is true and correct. I have read the Society's AIMS and OBJECTS leaflet and am in agreement with these. I understand details of my record will be kept on the Society's database computer file.

* I wish/do not wish my details to be included in "Find a Teacher" on the Society's website (Corporate and Full/Associate Members teaching privately only).

*I Agree that my details may be kept on The Society's Database. These will not be shared with any other organisation.

I enclose a remittance for £ (sterling only) made payable to S.T.S.D., being my 20.....subscription to the Society.

Signed..... Date

TYPES OF MEMBERSHIP AND SUBSCRIPTIONS

UK only: Full - £46.00 Associate £38.00 Student-£23.00 Friend-£22.0 Full(N P)- £22.00
Joint (in one household) 2x Full £80.00 Full + 1 Associate £70.00 Full+1 Friend/Full(NP)/Student £66.00

Northern Ireland/Isle of Man/Channel Islands Full- £42.00 Associate £38.00 Student £23.00

Friend £22.00 Full(NP) £22.00 Joint (in one household) Rates on application.

Republic of Ireland - Full £38.00 Associate £32.00 Student £22.00 Friend £22.00 Full(N P) £22.00

International - Full/Associate/Student £25.00 Friend £20.00

Joint (in one household) – rates on application

Please return the completed form to:

The Registrar – Penelope Charteris
8 Colebrook Road
Southwick
Brighton BN42 4AL
UK