Associate of the Royal Academy of Dance Application Form

Application Forms are presented to the Board of Trustees at meetings held quarterly, please visit www.rad.org.uk for the next submission deadline.

Terms and Conditions of Application:

1. Applicants must be 18 years of age or above at the time of application.
2. A Full Member of the Royal Academy of Dance (RAD Registered Teachers are Full Members).
3. Your membership subscription must be current.
4. You must have passed a Vocational Graded Examination at RAD Advanced 2 level (RAD Advanced level prior to September 2001).

Please write clearly using CAPITAL LETTERS:

I wish to apply for election as an Associate of the Royal Academy of Dance. The following details are supplied in support of my ARAD application:

My membership number is |__|__|__|__|__|__|__| Title: Miss | Mrs | Ms | Mr | other: _____

Family name: _____ First name: _____

Address (inc. Post/ Zip Code): _____

_____ Country: _____

Tel: _____ Fax: _____

Email: _____ Date of Birth: |__|__| |__|__| |__|__|
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RAD Examination	Result	Date
Advanced 2/ Advanced (please delete as appropriate)		

If you were awarded the RAD Advanced please submit a photocopy of your certificate with your application.

Signed: _____ Date: |__|__| |__|__| |__|__|
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Terms and Conditions of Election:

1. ARAD is a membership award in recognition of the applicants' achievement at RAD Advanced 2 level. It is not a qualification; the qualification is the RAD Advanced 2.
2. You must continue to be a paid member of the Royal Academy of Dance to be able to use the initials ARAD after your name.
3. Failure to keep your membership up-to-date removes the right for you to use the initials ARAD after your name.

I agree to the Terms and Conditions of Election as an Associate of the Royal Academy of Dance.

Signed: _____ Date: |__|__| |__|__| |__|__|
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Please return your completed application form to:
Membership Department, Royal Academy of Dance.
PO BOX 245, Kings Cross, NSW 1340 or fax: (02) 9360 6677

Office Use Only
Is the applicant a current Full member (Please tick) Yes ☐ No ☐
Print name _____