**APPLICATION FOR REINSTATEMENT TO IDTA MEMBERSHIP**

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|  | Checked by IDTA |
| Name registered with IDTA: |  |
| Membership Number: (if known) |  |
| Current Address: |  |
| Date of Birth: |  |
| Date (or approximate date) of first joining the Association: |  |
| Year last annual membership paid: |  |
| Branches and levels qualified in this Association: |  |
| Have you remained qualified in any other Association?If yes please give details: |  |
| Have you continued to teach dancing?If yes please give details: |  |
| Signature: |  |
| Date: |  |

Application reviewed by Chief Executive

Signature & Date

Thank you for your recent enquiry concerning the reinstatement of your membership of the Association. Please see below the reinstatement rules introduced in September 2024.

Lapsed members wishing to reinstate their membership will be required to complete an application form for review and approval.

In some circumstances a re-examination may be required, otherwise a reinstatement fee of £50.00 plus annual subscription for the year will be required.

Please complete the attached application form and return it to the IDTA Office for review.