

NOMINATION FORM

1. Contact Details

Name:

Address:

Phone
(H):

(W):

Mob:

Email:

2. Qualifications

Speech and Drama Qualifications (please attach):

Other Qualifications:

3. Experience

Teaching experience (please tick):

- | | |
|----------------------------------------------------|--------------------------|
| - In schools | <input type="checkbox"/> |
| - In Private Practice | <input type="checkbox"/> |
| - Primary students – (groups or private lessons) | <input type="checkbox"/> |
| - Secondary students – (groups or private lessons) | <input type="checkbox"/> |

Are you currently teaching?

YES ☐ NO ☐

4. Membership Type

Please indicate Membership type requested (please tick):

FULL MEMBERSHIP:	\$55	<input type="checkbox"/>
COUNTRY MEMBERSHIP:	\$30	<input type="checkbox"/>
ASSOCIATE MEMBERSHIP:	\$30	<input type="checkbox"/>

5. Signature of Nominee: Date:

6. Name of Proposer:..... Signature.....

Name of Seconder: Signature.....

Please submit this Nomination Form by email to the Secretary of the Speech and Drama Teachers Association of Western Australia