

## 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
- In Private Practice
- Primary students – (groups or private lessons)
- Secondary students – (groups or private lessons)

Are you currently teaching?

YES  NO

### 4. Membership Type

Please indicate Membership type requested (please tick):

FULL MEMBERSHIP: \$55

COUNTRY MEMBERSHIP: \$30

ASSOCIATE MEMBERSHIP: \$30

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*