**bbodance**

**TAX INVOICE**

IRD 68994306

**STUDENT MEMBERSHIP SUBSCRIPTION RENEWAL 2024**

Po Box 642 North Ryde B/C

North Ryde NSW 1670

T: +61 413 523 880

E: accounts@bboaustralasia.org

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I wish to make application to bbodance for membership as a Student Member:** | | | | | | | | | | |
| ***Please tick the applicable box*** | | | | | | | | | | |
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|  | Working in **Grade Six** 2024. | | | | Working in **Intermediate Foundation** 2024 | | | |  |  |
|  | Working in **Grade Seven** 2024 | | | | Working in **Intermediate** 2024 | | | |  |  |
|  |  | | | |  | | | |  |  |
|  | Renewal Application with payment 01 January - 29 February 2024 - $75.00 | | | | | | | | | |
|  | Re establish Membership 29 February – 30 June 2024 - $85.00 | | | | | | | | | |
| ***Please note: Renewal Memberships are only available until 29 February 2024 – DO NOT tick Renewal if after this date.***  ***No Student Membership will be accepted after 30 June 2024.*** | | | | | | | | | | |
| **THIS FORM MUST BE EMAILED TO accounts@bboaustralasia.org AT THE SAME TIME AS PAYMENT IS MADE.** | | | | | | | | | | |
|  | **Classical Ballet** |  | **Tap** |  | | **Jazz**  **Musical Theatre** |  | **Character** | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | **Please type on this form and return via email DO NOT HAND WRITE** | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | Membership No: |  |
| Address: | |  | | | | | | | | | | | | |
| Postcode: | |  | | Email: | |  | | | | | | | | |
| Home T: | |  | | | | | | | | Mobile T: | |  | | |
|  | | | | | | | |  | | |  | | | |
| **Studio Details** | | | | | | | | | | | | | | |
| Name of Studio/Teaching Centre: | | | | | | |  | | | | | | | |
| Principal of Teaching Centre: | | | | | | |  | | | | | | | |
|  | | | | | | | | |  | | | | | |
| **Payment Details** | | | | | | | | | | | | | | |
|  | **Direct Deposit** – Account Name: **British Ballet Organization** (not bbodance)  **Account Number: 01-0137-0095960-00 (Student Name must be the Bank Reference)**  **Please email this form (typed not handwritten) to: accounts@bboaustralasia.org** | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | |
| **Date of this Application:** | | | | |  | | | | | | | | | |