

Federation of DanceSport South Africa

D.T.O.C. ACCREDITATION / REGISTRATION FORM

FEDANSA: 35 LISCARD STREET, KENWYN, SOUTH AFRICA 7780



Please Select Appropriate Province ...

GAUTENG	KZN	W CAPE	N CAPE	N WEST	E CAPE	LIMP	MPUMA	F STATE

Membership Category

Please select appropriate box

Community trainer	<input type="checkbox"/>	Qualified Trainer	<input type="checkbox"/>	Coach	<input type="checkbox"/>	Adjudicator	<input type="checkbox"/>	Examiner	<input type="checkbox"/>
Chairperson of Adjudicators	<input type="checkbox"/>	Scrutineer	<input type="checkbox"/>	Master of Ceremonies	<input type="checkbox"/>				

CROSS LEVEL OF QUALIFICATION

Student Teacher	<input type="checkbox"/>	B	L	Associate	<input type="checkbox"/>	B	L	Licentiate	<input type="checkbox"/>	B	L	Fellow	<input type="checkbox"/>	B	L	Other:-	<input type="checkbox"/>
Scrutineer	<input type="checkbox"/>	Master of Ceremonies				<input type="checkbox"/>	Chairperson of adjudicators				<input type="checkbox"/>						

Applicant's Details.

SURNAME											NAME KNOWN BY										
FIRST NAMES											GENDER: (MALE) / (FEMALE)										
Identity Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RACE: (BL) (COL) (WH) (IND)										
Date Of Birth	Y	Y	Y	Y	M	M	D	D	Information for statutory bodies such as Sascoc etc												

Applicant's Contact Details.

Physical Address											Postal Code										
Postal Address											Postal Code										
E-Mail Address																					
Telephone Numbers	Home	()	Work	()	Mobile	()															

Cross appropriate box

Registration Fee	RENEWAL	NEW MEMBERSHIP	AMOUNT PAID	R.
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Registration fee must be made payable to Fedansa National. Bank: *First National Bank*
 Account No. 50220116864 Branch Code: 201409 (Attach Deposit Slip to Application)

Are you a member of any dancesport organization in South Africa not affiliated to FEDANSA	[YES]	[NO]
Name of organization you last belong to		
Date of resignation		
Person resignation handed to		

CITIZENSHIP	SOUTH AFRICAN	FOREIGN	Details:
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DECLARATION.

I the undersigned hereby declare that the information disclosed above is true and correct and agree to abide by the rules and regulations of FEDANSA. I am also in agreement that FEDANSA may acquire more information regarding the above from whichever source it may deem necessary. I accept that the decision by FEDANSA on this application is final and no further correspondence will be entered into.

SIGNATURE: DATE:
Applicant

WITNESS :

FOR OFFICE USE ONLY

Date Received	DD / MM / YYYY	Date Processed: :	DD / MM / YYYY	SIGNATURE
Date of acceptance or rejection: :	DD / MM / YYYY	Membership Number:	OOOIMYY	

REMARKS: