



South Queensland Regional Committee  
of  
Highland Dancing Inc.

Application for Affiliation  
as an Individual Member

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Teacher

Adjudicator

Teacher/Adjudicator

Qualifications

(Please attach photocopies of relevant certificates, diplomas etc...)

Name of Studio (If applicable)

Are you actively teaching  Yes  No

Are you the principal of the studio  Yes  No

Active teachers please supply details of place/s of teaching

I \_\_\_\_\_ agree to abide by the rules and regulations of South Queensland Regional Committee of Highland Dancing Inc. I also agree to abide by the rules and regulations of Highland Dancing as laid down by S.O.B.H.D. and agreed to by A.B.H.D.I. and to teach Highland Dancing to the technique as set out by S.O.B.H.D. in their text books as modified by S.O.B.H.D. from time to time.

Signed