

Society for International Folk Dancing

(Charitable Incorporated Organisation No. 1189141)

Application for Affiliation

I wish to apply to affiliate my group

.....
to the Society for International Folk Dancing for the year commencing 1st September 20....

The aims of the Society are –

- to preserve Folk Dances of all peoples, to make them better known and encourage the practice of them in their traditional form
- to encourage the knowledge, research into and practice of Folk Dances
- to encourage the playing and collection of International Folk Dance Music, with particular regard to traditional styles

I have read, and agree with, the Aims of the Society.

Signed..... Date

Payment

Please select as appropriate

I am choosing the 5 Hour rate for the annual fee of £40

If you are likely to claim for 5 or fewer Teaching Hours under the “Free Teachers to Groups” scheme

or

I am choosing the 10 Hour rate for the annual fee of £60

If you are likely to claim between 5 and 10 Teaching Hours under the “Free Teachers to Groups” scheme

Preferred payment method is **electronically**. Sort code **40-52-40**, account number **00016902**

Please give as a reference your group name, shortened if necessary, and tick this box

or

by cheque made payable to **SIFD** and sent to the **Groups Liaison Officer, 5 South Rise, Carshalton, SM5 4PD**

In either case please return this form to the Groups Liaison Officer,

5 South Rise, Carshalton, SM5 4PD or by email to **alison.scrimshaw@gmail.com**

(Receipt of your form with or without cheque will be acknowledged by email where an email address is given.

Please enclose an SAE if a written receipt is required.)

Information about Insurance

Affiliation to the SIFD does not *automatically* provide any sort of insurance cover.

An affiliated group may, after its application for affiliation has been approved by the SIFD executive committee, apply for public liability and equipment insurance under the terms of the Society’s group policy.

Details can be obtained from R.S. Thom at 89 Chepstow Close, Stevenage, Herts, SG1 5TT, telephone 01438 235634, or email **richardthom@rsthominsurance.co.uk**

In addition, please add:

1) The approximate maximum number of members of your group/class _____

2) The average attendance at each meeting _____

This information is required by the SIFD’s insurance company. Thank you.

Please read and complete the second page

Details

Please supply the following details about your group for inclusion in our group information and publicity:

Teacher/Leader:

Name:

Address:

Contact:

Name:

Address:

Email address for sending the renewal form:

Type of dancing:

Locality:

Meeting place address:

Dates and times of meetings:

Open to all, or restricted?

Phone number to appear in publicity leaflet and on the SIFD website:

Email address to appear in publicity leaflet and on the SIFD website:

Website if you have one:

Additional notes for SIFD News or publicity material:

IMPORTANT – PLEASE READ AND COMPLETE

So that the SIFD can comply with the new regulations on data protection we have to ask for consent to hold and use all personal information. This means that consent is required for us to hold the names, addresses, email addresses and telephone numbers, as given on this form, in connection with your group.

The details are held for group membership and general administration purposes. These include sending out copies of the SIFD News to groups, and making available details of your group's activities via our publicity leaflets and website.

If your Group ceases to be a member of the SIFD, the individuals' details held on our database in respect of it will not be retained.

Objections to the SIFD holding any of these details should be sent to the Groups Liaison Officer.

Please complete the section below to show the personal information your group wishes the SIFD to hold. Please note, this **MUST** include the contact 's name and details, and – if different - the teacher(s)/leader's name(s) and the owner(s) of the telephone number and email address entered above for use in publicity material.

Each individual should tick the box and sign to confirm consent to their information being held.

Name	Address	Tel. no	email	Consent (tick and sign)
Contact	As above	As above	As above	<input type="checkbox"/>
Teacher if different	As above			<input type="checkbox"/>
Publicity phone number				<input type="checkbox"/>
Publicity email				<input type="checkbox"/>

To withdraw your consent please contact the Groups Liaison Officer.