# **NAME:**

# **STREET ADDRESS:**

# **CITY:**

# **POST (ZIP) CODE:**

# **COUNTRY:**

# **PHONE:**

# **EMAIL:**

# **FAX:**

# **WEB PAGE:**

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# **Are you applying for student membership? If so, please include a picture of your current student ID.**

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# **Are you a professional currently working in the field of Drama/Theatre Education? Yes [ ] No [ ]**

**If yes, please describe your work and the institutions with which you are affiliated.**

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| --- |

Information is attached Yes [ ]

**What areas of membership in IDEA are of most interest to you:**

**\_\_\_\_\_\_\_\_Attending IDEA World Congresses**

**\_\_\_\_\_\_\_\_Attending regional IDEA Conferences**

**\_\_\_\_\_\_\_\_Connecting with drama/theatre researchers around the world**

**\_\_\_\_\_\_\_\_Connecting with drama/theatre practitioners around the world**

**\_\_\_\_\_\_\_\_Connecting with Young Idea members**

**\_\_\_\_\_\_\_\_Partnering with other drama/theatre organizations**

**\_\_\_\_\_\_\_\_Other:(please describe)**

**Publications (if applicable)**

**Have you published books or articles, webinars, videos or other forms of media in the field of Drama/Theatre education?**  **Yes [ ] No [ ]**

**(If extensive, please attach separate list and include the following information for each publication.)**

**Information is attached Yes [ ]**

**Title:**

**How published (print, electronic):**

**Frequency of publication (weekly, monthly, occasional):**

**Main contents:**

**Price per copy:**

**Conditions for mailing:**

**Method of distribution:**

**Other publications (books, manuals, textbooks etc) Yes [ ] No [ ]**

**(If extensive, please attach separate list and include the following information for each publication.)**

**Information is attached Yes [ ]**

**Author(s):**

**Title:**

**Publisher or Co-publisher:**

**Year of Publishing:**

# **Permission to publish membership information**

**IDEA is in the process of creating an online directory for the benefit of all current members. When you are accepted as a member of IDEA, information relating to your membership, including your contact details will be shared by IDEA’s elected officers to enable us to communicate with members as well as for members to be able to communicate directly with each other.**

**Please indicate the level of information you would like included on the online directory by putting a check (✓) next to your preferred option below.**

**Permission is hereby given to IDEA’s elected officers to publish on its website and other communications:**

1. **any and all information relating to myself**
2. **only the following information (please specify below)**

1. **Do not wish to have any information published**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Please complete this form (and any attachments if applicable), initial all the pages of this application, and return them electronically to**

# 

IDEA Secretary, Nancy Franco secretary.ideadrama@gmail.com

IDEA Administrator

ad.ideadrama@gmail.com

# **You will be contacted by a representative of IDEA as soon as possible.**

# **Thank you!**