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**DTAA Professional Membership Deactivation Form**

**Professional Membership De-activation Application**

DTAA Professional Members may apply to deactivate their DTAA membership for personal or professional reasons. Please refer to the [De-activation and Re-activation Bylaws](https://dtaa.org.au/about/operations/) for full details of this process. Information provided on this form will be kept confidential, only shared with the minimum number of Professional Membership Committee (PMC) members for appropriate processes.

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| **Title:\_\_\_\_\_\_\_\_** | **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Address (street or PO; Suburb; State; Postcode; Country):** | |
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|  | |
| **Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Phone or Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

**Reason(s) for de-activation request**

Please provide information here that will help the PMC understand the reason(s) for your request.

**Time frame for de-activation**

If you are able to name a time frame for the period of de-activation, please do so.

Intended return date: \_\_\_\_\_\_\_\_\_\_ Or Unknown return date:\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Declaration**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print name) am requesting

Professional Membership de-activation based on the reasons offered above. I understand that upon acceptance of my request, during the period of membership de-activation, I will no longer be endorsed to have the rights and obligations of a Professional Member. These include:

* Not being listed on the Professional Register, except on list titled ‘Inactive’ if I choose
* Not being required to undertake CPD and meet supervision requirements
* Not being endorsed to use the title *dance movement therapist*
* Not being endorsed to call my work *dance movement therapy*
* Not being allowed to use the post-nominal DTAA (Prof DMT) or DTAA (Prov DMT)
* Not being allowed to use my DTAA registration number

**Inactive member listing**

De-activated members have the option to have only their name listed on the Register as an Inactive during the period of their de-activated membership. Please advise here whether you wish to take up this option.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print name) elect to have my name / not have my name (please circle your choice) listed at the bottom of the Professional Register as “INACTIVE”.

Upon the PMC’s acceptance of this de-activation request, I understand and accept that

* I will not receive a refund for membership fees paid for the current year
* I will be liable for renewal fees at the DTAA General rate which allows me to retain the right to re-activate my Professional Membership and other membership privileges
* I have up to **FIVE years** (from the date of de-activation) to re-activate my Professional Membership and when I do, I will submit the Re-activation form, pay an application fee, and my membership renewal fee.
* If I take more than five years to re-activate my Professional Membership, I understand that I will need to undertake the entire Professional membership application process again from the beginning..

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For DTAA Use only:**

**Date of Acceptance by DTAA’s PMC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Convener of PMC)**

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