

**Association of LAMDA Teachers Application Form**

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

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

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Contact number(s):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please confirm the level of membership you require:**

- Full** Membership (£45.00 – LSDE or LLAM teaching qualifications only)
- Associate** Membership (£35.00+£10.00 joining fee – LAMDA LTCC or recognised teaching qualification UK Level 5 or above)
- Student** Membership (£20.00 – currently registered for the LSDE)
- Affiliate** Membership (£20.00)

**Please confirm the following (Full and Associate Members only):**

Do you wish to be included on the Association of LAMDA Teachers online register? YES/NO  
If yes,  
Do you wish your postcode and county to be featured on the register? YES/NO  
Do you wish your telephone number to be featured on the register? YES/NO  
Do you wish your email address to be featured on the register? YES/NO

**Teaching Qualification(s) (Full and Associate Members only):**

**Type:** \_\_\_\_\_

**Awarding Body:** \_\_\_\_\_

**Issue Date:** \_\_\_\_\_

***N.B** Please submit copies of certificate(s) as proof of qualification(s) achieved. Please ensure your external qualification is at UK Level 5 or above. For confirmation visit <http://register.ofqual.gov.uk>*

**Please confirm which LAMDA Examinations qualifications you prepare learners for and their age range:**

**Communication Examinations**

**Performance Examinations**

**Musical Theatre Examinations**

**Group Examinations**

**PCertLAM**

**LSDE**

**Age(s):**

4 to 10

11 to 17

18+

**Please return this form along with a completed credit or debit card payment form, or a cheque made payable to LAMDA Ltd to:**

**LAMDA Examinations, 155 Talgarth Road, Barons Court, London W14 9DA.**

# Credit / Debit Card Payment Instruction to LAMDA

Return to:

LAMDA Examinations  
155 Talgarth Road  
London  
W14 9DA



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LAMDA Examinations Credit/Debit Card Payment Instruction Form V2 2010

Private Centre Code or UK Public Centre Name		Exam Session Date(s)	
Learner Name		Learner Pin Number	
Association of LAMDA Teachers, Teacher Name		AOLT Membership Number	
Name As Printed On Debit/Credit Card			
Cardholder's Billing Address			
Billing Postcode			
Cardholders Contact Telephone Number		e-mail	
Card Number			
Card Valid From Date		Card Expiry date	
3 Digit Security Code In Signature Strip		Card Issue Number (if applicable)	
Card Type	Visa Debit / Visa Credit / MasterCard / UK Maestro / Switch / Delta / Electron / Solo		
Payment For (please circle)	/ Private Centre Booking Fee / Examination Entry Fees / Publications / / Medal, Certificate, Letter of Attestation / / Association of LAMDA Teachers Membership / Invoice / Other /		£
	Plus card transaction administration charge:		£ 1.00
	Total amount payable:		£
<b>I the card holder authorise LAMDA Ltd to debit the above card with the total amount payable</b>			
Card Holder Signature		Date	
Please provide any additional information below:			

For LAMDA Examinations Department use:

Authorisation Number	Processed By	PDQ Transaction Number	Transaction Date	Centre Code	Session Code	Nominal Code	LES Reference
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