

APPLICATION FOR MEMBERSHIP CDTA BC BRANCH

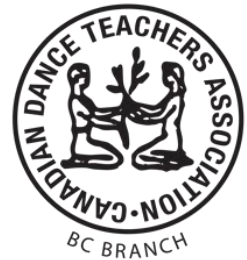
Please complete application form and mail it with a \$35 cheque for the non-refundable application fee, made payable to CDTA BC Branch.

Mailing address: *Marie Jones, Registrar CDTA BC Branch, PO Box 127, Nimpo Lake, BC, V0L 1R0*

_____		_____	
Applicant Name		Email address	
_____		_____	_____
Address		City	Postal code
_____	_____	_____	
Home phone	Studio phone	Cell	
_____		_____	
Canadian Residency/Citizenship status		Age (if under 18)	

Please checkmark the division you are applying to join, and the dance style you are requesting accreditation for.

- BALLET DIVISION
- BALLROOM DIVISION AND SPECIALTY DANCES
 - Ballroom Latin American Rhythm Smooth
 - Specialty Dances: Argentine tango Salsa West Coast Swing
- MODERN DIVISION
- MULTICULTURAL DIVISION Specify dance style _____
- STAGE DIVISION
 - Tap Jazz Acro



Please indicate the type of membership you are applying for.
Leave blank if unsure.

STUDENT TEACHER (age 16 or over) ASSOCIATE LICENTIATE FELLOW

Please indicate number of years of your teaching experience for specific dance style(s)

Certificates of qualification held: Please list below and attach photocopy of qualifications

Teachers with whom you have trained:

Please provide 2 reliable references: One should preferably be a CDTA member.

Reference 1

Reference 2

First and last name

First and last name

Address

Address

Phone

Phone

Occupation

Occupation

Applicant signature

_____ Date _____