



APPLICATION FOR MEMBERSHIP BC BRANCH

Please complete application form and forward with a non refundable cheque in the amount of **\$35.00** made payable to CDTA BC Branch to:

Marie Jones, Registrar CDTA BC Branch, P.O. Box 31547, Pitt Meadows BC V3Y 2G7

Applicant's Name _____

Address _____ City _____ Postal Code _____

Phone (Home) _____ (Studio) _____ Cell _____

Email _____ Residency Status _____ Age (if under 18) _____

PLEASE INDICATE DIVISION YOU WISH TO JOIN:

- BALLET DIVISION _____
- BALLROOM DIVISION
Ballroom _____ Latin American _____ Rhythm _____ Smooth _____ Specialty _____ (Specify Dance) _____
- MODERN DIVISION _____
- MULTI CULTURAL DIVISION _____ Please specify dance style _____
- STAGE DIVISION ~ Tap _____ Jazz _____ Acro _____

PLEASE INDICATE THE TYPE OF MEMBERSHIP APPLYING FOR:

STUDENT TEACHER (age 16 or over) _____ ASSOCIATE _____ LICENTIATE _____ FELLOW _____

NUMBER OF YEARS TEACHING EXPERIENCE _____

CERTIFICATES OF QUALIFICATIONS HELD (Certified): Please list below and attach photocopy of qualifications

TEACHERS WITH WHOM YOU HAVE TRAINED:

PLEASE GIVE 2 RELIABLE REFERENCES – ONE PREFERABLY A CDTA MEMBER:

1. NAME _____ 2. NAME _____

ADDRESS _____ ADDRESS _____

TELEPHONE _____ TELEPHONE _____

OCCUPATION _____ OCCUPATION _____

SIGNATURE OF APPLICANT _____ DATE _____