

**CANADIAN DANCE TEACHERS ASSOCIATION**  
**L'ASSOCIATION CANADIENNE DES PROFESSEURS DE DANSE**



REQUEST FOR EXAMINATION – STAGE DIVISION

- *If you are not a member of the BC Branch please complete the “Application for Membership” form and submit to the Registrar. You will be notified when your application for membership is accepted.*
- *When your application is accepted, please submit the “Request for Examination Form” OR if you are already a member please fill out only the “Request for Examination Form”.*

Examination fee schedule is available in the Registrar’s section.

Please Print

NAME \_\_\_\_\_ AGE (if under 21 years) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE (Home) \_\_\_\_\_ (Studio) \_\_\_\_\_ (Fax) \_\_\_\_\_

E-MAIL \_\_\_\_\_ CITIZENSHIP STATUS \_\_\_\_\_

MEMBERSHIP LEVEL:

AFFILIATE \_\_\_\_\_ ASSOCIATE \_\_\_\_\_ (\$125.00) MEMBER \_\_\_\_\_ (\$175.00)

DISCIPLINE:

TAP \_\_\_\_\_ JAZZ \_\_\_\_\_ ACROBATIC DANCE \_\_\_\_\_

**\*\*PLEASE SUBMIT ONLY ONE REQUEST PER FORM\*\***

NUMBER OF YEARS TEACHING EXPERIENCE \_\_\_\_\_

CERTIFICATES OF PRESENT QUALIFICATIONS (Certified) Please give dates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER RELATED QUALIFICATIONS:-

\_\_\_\_\_

NAMES OF TEACHERS YOU HAVE TRAINED WITH DURING THE LAST 18 MONTHS:

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

**Examination Secretary**  
Karry Kozak-Fedoruk  
46501 Anderson Ave  
Chilliwack BC V2P 3T8