



**APPLICATION FOR MEMBERSHIP BC BRANCH**

Please complete application form and forward with a non refundable cheque in the amount of \$25.00 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 \_\_\_\_\_

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

E-MAIL \_\_\_\_\_ CITIZENSHIP STATUS \_\_\_\_\_ Age (if under 21) \_\_\_\_\_

**PLEASE INDICATE DIVISION YOU WISH TO JOIN:**

- BALLET DIVISION \_\_\_\_\_
- BALLROOM DIVISION ~ Ballroom \_\_\_\_\_ Latin American \_\_\_\_\_ Rhythm \_\_\_\_\_ Smooth \_\_\_\_\_
- MODERN DIVISION \_\_\_\_\_
- NATIONAL MULTI CULTURAL DIVISION ~ \_\_\_\_\_ Please specify dance style \_\_\_\_\_
- STAGE DIVISION ~ Tap \_\_\_\_\_ Jazz \_\_\_\_\_ Acro \_\_\_\_\_

**PLEASE INDICATE THE TYPE OF MEMBERSHIP APPLYING FOR:**

AFFILIATE (Student Teacher) \_\_\_\_\_ ASSOCIATE \_\_\_\_\_ LICENTIATE (MEMBER) \_\_\_\_\_ 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 \_\_\_\_\_