



**APPLICATION FOR MEMBERSHIP**  
**CDTA BC BRANCH**

**Please complete and submit this form along with a \$35 fee. The application will be processed when payment is received.**

Cheque: payable to "CDTABC Branch". E-transfer: send to [treasurer@cdtabc.com](mailto:treasurer@cdtabc.com)

Scanned documents: email [membershipsecretary@cdtabc.ca](mailto:membershipsecretary@cdtabc.ca)

Mailing address: Membership Dues Secretary, PO Box 502, Hazelton, BC, V0J 1Y0

_____		_____	
Applicant Name		Email address	
_____		_____	
Address		City	Postal code
_____	_____	_____	
Contact phone	Cell	Age (if under 21)	

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

ACROBATIC •

BALLET DIVISION •

BALLROOM DIVISION AND SPECIALTY DANCES

Ballroom • Latin American • Rhythm • Smooth •

Argentine Tango • West Coast Swing • Salsa •

JAZZ •

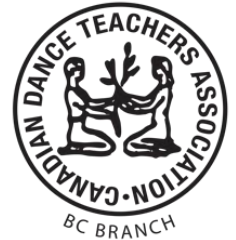
MODERN •

MULTICULTURAL DIVISION •

Specify country and dance style \_\_\_\_\_

TAP •

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



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

- AFFILIATE ●      PRE-ASSOCIATE (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** (Parent/Guardian if under 19):

\_\_\_\_\_

Date \_\_\_\_\_