



CANADIAN DANCE TEACHERS ASSOCIATION L'ASSOCIATION CANADIENNE DES
 PROFESSEURS DE DANSE
 APPLICATION FOR MEMBERSHIP ALBERTA BRANCH

Please complete application form and forward with a non refundable cheque in the amount of \$25.00 made payable to CDTA Alberta Branch to:
 Alberta CDTA (Att: Loanne Walker 11202 Oxford Road County, Grande Prairie, AB T8X 0G4

APPLICANT'S NAME _____

ADDRESS _____ CITY _____

POSTAL CODE _____

TELEPHONE (Home) _____ (Studio) _____ (cell) _____

E-MAIL _____ Age (if under 21) _____

PLEASE INDICATE DIVISION YOU WISH TO JOIN:

BALLET DIVISION _____

MODERN DIVISION _____

STAGE DIVISION ~ Tap _____ Jazz _____ Acro _____

PLEASE INDICATE THE TYPE OF MEMBERSHIP APPLYING FOR:

AFFILIATE (Student Teacher) _____ ASSOCIATE _____ MEMBER _____

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 1 Sponsor and 1 Reference

1. NAME _____ 2. NAME _____

EMAIL _____ EMAIL _____

TELEPHONE _____ TELEPHONE _____

OCCUPATION _____ OCCUPATION _____

Signature of Applicant: _____ Date: _____