



Canada International Dance Culture Association

info@cidca.ca 647-839-8882 www.cidca.ca

Membership Application Form

Individual Member (\$10 per person) Organization (\$50 for each)

Name _____ Organization Name _____

Gender Male Female

Address: Street Number and Name _____ Unit N.O. _____

City _____ Province _____ Postal Code _____

Occupation _____ Date of Birth (optional) _____

Phone No. _____ Email _____

Emergency Contact:

Name _____ Relationship _____ Tel. N.O. _____

Please check the box if you agree to have your dance school/studio information listed on the official CIDCA website. If you checked the box, please send your school's information to info@cidca.ca

Waiver: I release and discharge CIDCA and all event held by CIDCA from any claims, injuries, losses of liabilities suffered or incurred as a result of my participation in the events.

I understand that by joining the CIDCA, I am agreeing to have my information provided to CIDCA and included in the membership directory for use by the association. I confirm that all information supplied is true and correct.

Member Signature _____ **Date** _____

Remarks: The Board of Directors of CIDCA reserves all rights to approve any application.

Please make cheques payable to CIDCA.

All fees are not refundable nor transferable.

For Office Use Only

Membership N.O. _____ Expiry Date _____

Receipt N.O. _____ Amount Received _____ Cash Cheque

Staff/Volunteer Initial _____ Date _____