

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



BALLROOM & SPECIALTY DANCES DIVISION

SPECIAL REQUEST FORM

(For those applicants holding qualification with another organization)

Email questions, e-transfers, scanned forms to: cdta@cdtanational.ca	Mail completed forms & cheques (payable to CDTA National): Office Administrator PO Box 1402 Humboldt, SK, S0K 2A0
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Submit only one person's membership request per form and include the required membership fee.

Amount payable: **\$ 90.00** annual fee (payable only if application is approved)

Submitted by: e-transfer to cdta@cdtanational.ca cheque payable to 'CDTA National' (enclosed)

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

Check the discipline(s) for which you are requesting accreditation.

International-Style: Ballroom/Standard Latin
Specialty Dances: Argentine Tango West Coast Swing Salsa

Check the membership level for which you are applying. Leave blank if unsure.

Student Teacher Licentiate
 Associate Fellow

How many years of teaching experience do you have for requested discipline(s):

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Certificates of qualification held: 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

First and last name

Address

Email or Phone

Occupation

Reference 2

First and last name

Address

Email or Phone

Occupation

Applicant signature (or Parent/Guardian if under 18):

Date _____