

## MEMBERSHIP FORM

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Home # \_\_\_\_\_ Bus. # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

### REGISTRATION CATEGORIES (tick box/es)

Professional Competitor       Pro-Am Competitor       Organizer       Scrutineer

Submit completed form to :      [info@canadiandancesportfederation.ca](mailto:info@canadiandancesportfederation.ca)

**OR**  
[CDF.Jenny@gmail.com](mailto:CDF.Jenny@gmail.com)