

CHRISTIAN DANCE FELLOWSHIP OF CANADA MEMBERSHIP FORM

New Member Renewing Date _____

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal code: _____ Province: _____

Phone number: (Please incl. area code) _____

Email: _____

Name of Church: _____ Denomination: _____ Group

Name: _____ Leader's Name: _____

Please specify what (if any) contact information you would like shared with other members
 all, OR _____

Would you like your contact information shared via email? Yes No

Would you like to
receive newsletters via email or paper? email paper
participate in cyber forums? Yes No
help CDFC in a volunteer capacity? Yes No

Membership Fees:

The membership year runs from June 1st to May 31st of the following year.

Adult or Dance Professional \$25.00

Concession (Full-time student/Pensioner/Unemployed) \$15.00

Explain: _____

Couple \$40.00

Group/Facility/Family \$50.00 (3 people can claim event discounts & receive 2 copies of Newsletter)

Family (incl. children up to 18 years of age, incl. name and age below)

Child: _____

Child: _____

Child: _____

3 year membership Adult or Dance Professional \$60.00

I enclosed a cheque money order

Please send personal check or money order payable to
"Christian Dance Fellowship of Canada"

address: Pamela Funk

CDFC Membership Secretary

RR #2, Box 213

Morden MB R6M 2A1

Thank you!