

2023-2024 MEMBERSHIP FORM

INSTRUCTOR - COACH

| Renewal New Membership | | DSQ #: | | WDSF#: NO | | NCCP#: | | |
|---|--------------------|------------|-----------|-----------------------|----------------|--------|--|-----|
| Information | | | | | | | | |
| Surname: | | | | Given Name: | | | | |
| Address: | | | | • | | | | |
| City: Province: | | | | Postal Code: | | | | |
| Home Phone: | | | | Cell: | | | | |
| Email Address: | | | | Website: | | | | |
| Date of Birth: | | | | Sex: | | | | |
| Citizenship: | | | | | | | | |
| Styles of dance tau | ght: | | | | | | | |
| I authorize Dar | nseSport Québec to | publish in | formatior | on the DSQ | website. | | | |
| DanseSport Québec, Canada DanceSport (CDS) and the Wor as not to prejudice the DanseSport Québec Federation. Signature: | | | | | Date: | | | |
| Membership (Va | lid from Septemb | er 1, 2023 | 3 to Augu | ist 31, 2024 |) | | | |
| Instructor | | | | | | | | \$4 |
| | | | | | | | | |
| Method of Payment Cheque Credit Card: Visa Mastercard E-Transfer Amount paid: | | | | | | | | |
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| | | | | | ng the members | hins | | |
| In the comments, write your name or the name for whom Credit Card #: | | | | Expiration Date: CVV: | | | | |
| Card Holder's Name: Signature: | | | | | | | | |
| Mail, email or deliv Email: <u>rae.westlake</u> Address: DanseSpoi | | | . Québec. | H7X 3M5 | | | | |

MEMBERSHIP RULES

- The instructor or coach must complete the National Coaching Certification Program (NCCP) within three months of joining.
- A criminal background check must have been completed within the last four years.