

Honorary Patron:
Veronica Tennant, CC, LLD

CSC Chair:
Joyce Shietze, Fellow & Examiner, CSC-CICB
705-645-3770 shietze@live.ca



Administrative Council:
Taryn Klassen, Licentiate, CSC-CICB
Karen Jardine, Licentiate, CSC-CICB
Catherine Walker, Licentiate, CSC-CICB
Mary Ross, Fellow and Examiner, CSC-CICB

2017 Membership Renewal Invoice

Take advantage of the **EARLY BIRD RATE** of \$290.00 if membership renewal is paid prior to **January 31, 2017**. Each of the amounts below include your membership to the CSC (Cecchetti Society of Canada), and CICB (Cecchetti International Classical Ballet).

If a membership lapses for 3 years, membership status and qualifications may be revoked. Resignations must be submitted to Head Office in writing.

All Sections: must be filled in completely in order to renew your membership.

Section A: Membership Rates (Please select the ANNUAL FEE you are paying)	
The Canadian subscription rates for 2017 are as follows:	
<input type="checkbox"/> Early Bird rate payable by January 31, 2017	\$290.00
<input type="checkbox"/> Membership rate payable after January 31, 2017	\$340.00
<input type="checkbox"/> Less: Professional Development Credit (receipt must be attached)	(\$50.00)
<input type="checkbox"/> Life members (35 years of membership as Licentiate, *optional CICB Membership donation)	*\$10.00
<input type="checkbox"/> Affiliated members	\$359.00
<input type="checkbox"/> *Reduced rate (<i>The reduced rate is only available until January 31, 2017</i>) (Please sign declaration below if applicable)	\$167.00
<input type="checkbox"/> Donation to the Beverley Miller Endowment Fund (tax receipts are issued for donations of \$20 or greater)	\$ _____
TOTAL PAYMENT REMITTED: \$ _____	
*REDUCED RATE DECLARATION: I declare that I am not teaching Ballet and not advertising CSC credentials during this coming year.	
<i>Sign if applicable</i> _____	

Section B: Membership Status (Please select your current membership status)					
<input type="checkbox"/> Associate	<input type="checkbox"/> Associate Diploma	<input type="checkbox"/> Licentiate	<input type="checkbox"/> Fellow	<input type="checkbox"/> Affiliate	<input type="checkbox"/> Life
DATE of most recent qualifying exam: _____					

Section C: Contact Details (Please fill out completely and print clearly)	
Name: _____	Membership #: _____
Address: _____	City: _____ Prov: _____ Postal Code: _____
Date of Birth: _____	Home Phone: _____ Cell Phone: _____
Personal Email: _____	
Studio Name: _____	Studio Phone: _____

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The Cecchetti Society of Canada is a corporate member of the Cecchetti International Classical Ballet (CICB)

CSC Head Office: Susan Sheffield, Canadian Examination Administrator, 525 Lorne Street, Gravenhurst, ON P1P 1N1
Tel: 705-684-9991 Fax 705-684-9991 Email: office@cecchettisociety.ca www.cecchettisociety.ca BN 89429 8595

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Section D: Payment Method (Please select your payment method)

Cheque Money Order Credit Card

Cheques and money orders are made payable to: *Cecchetti Society of Canada*

If paying by credit card, please fill in the section below:

VISA MASTERCARD (Please print clearly)

Card Number: _____ Expiry Date: _____ CCV: _____

Name of credit card holder: _____

Address of credit card holder: _____

Signature of credit card holder: _____ Date: _____

Receipt and membership card will be mailed upon receipt of payment.

I have read and accept the Code of Professional Conduct and Standards of Good Practice.

Yes, I would like to receive communication from CSC thru Mailchimp mass e-mail service.

SIGNED DATED

RETURN THIS FORM BY MAIL OR E-MAIL ALONG WITH PAYMENT AND PROFESSIONAL DEVELOPMENT RECEIPT TO:

Cecchetti Society of Canada
Sales & Membership
525 Lorne Street
Gravenhurst, ON P1P 1N1
E-mail: csc-sales_membership@cecchettisociety.ca

IF SUBMITTING FORM BY E-MAIL PLEASE EITHER SCAN OR SEND PDF – CELLULAR PHOTOS NOT ACCEPTED.

See page 3 for Teacher Listing form for CSC website.

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Dear Member,

If you would like to be listed on the CSC website, or if you are already on the website and your information has changed, please fill out the following form and return it by post or e-mail to the CSC Head Office. You may list as much or as little as you wish.

I (please print) _____ give permission to the Cecchetti Society of Canada to advertise the following information on the Cecchetti Society of Canada Website. I will update the Society immediately of any changing information.

Signature _____

Date _____

Please provide any of the following information as you would like to appear on the web:

Province:	
Name:	
Qualifications:	
Telephone:	
Cellular:	
Email:	
Website:	

Information for this part of the website is collected and updated quarterly. Deadlines for submissions of contact information for posting are: **January 1, April 1, July 1, & October 1.**

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