

## 2019 Membership Renewal Invoice

Take advantage of the **EARLY BIRD RATE** of \$290.00 if membership renewal is paid by **January 31, 2019**. Each of the amounts below include your membership to Cecchetti 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 membership rates for 2019 are as follows:	
<input type="checkbox"/> Early Bird rate payable by January 31, 2019	\$290.00
<input type="checkbox"/> Membership rate payable after January 31, 2019	\$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, 2019</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)	\$ _____
<b>TOTAL PAYMENT REMITTED:</b>	
<b>\$ _____</b>	
*REDUCED RATE DECLARATION: I declare that I am not teaching Ballet and not advertising Cecchetti Canada credentials during this coming year.	
Sign if applicable _____	

### Section B: Membership Status (Please select your current membership status)

Associate     Associate Diploma     Licentiate     Fellow     Affiliate     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: \_\_\_\_\_

Continued on page 2

Chair:  
Joyce Shietze, Fellow CC--CICB



Honorary Patron:  
Veronica Tennant, CC, LLD

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

Cheque     Money Order     Credit Card

Cheques and money orders are made payable to: *Cecchetti 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 in March, 2019.

- I have read and accept the Code of Professional Conduct and Standards of Good Practice.
- Yes, I would like to receive communication from Cecchetti Canada thru Mailchimp mass e-mail service.

SIGNED ..... DATED .....

If you would like your name and credentials listed on the Cecchetti Canada website, please send the Teacher Listing form to the Marketing Coordinator, Karen Foster at [karenfoster90@hotmail.com](mailto:karenfoster90@hotmail.com).

**RETURN THIS FORM BY MAIL OR E-MAIL ALONG WITH PAYMENT AND PROFESSIONAL DEVELOPMENT RECEIPT (if applicable) TO:**

Sales & Membership  
525 Lorne Street  
Gravenhurst, ON P1P 1N1  
E-mail: [sales.membership@cecchetticanada.com](mailto:sales.membership@cecchetticanada.com)

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

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

**Head Office:** Susan Sheffield, Canadian Examination Administrator, 525 Lorne Street, Gravenhurst, ON P1P 1N1  
Tel: 705-684-9991 Email: [office@cecchetticanada.com](mailto:office@cecchetticanada.com) [cecchetticanada.ca](http://cecchetticanada.ca)