

## 2021 Membership Renewal Invoice

Membership fees are due and payable annually by January 31<sup>st</sup> each year. The amounts below include your membership to Cecchetti Canada, and CICB (Cecchetti International Classical Ballet).

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 active membership rates for 2021 are as follows:	
<input type="checkbox"/> Active Rate payable by January 31, 2021	\$290.00
<input type="checkbox"/> Less: Professional Development Credit (receipt must be attached)	(\$50.00)
<input type="checkbox"/> Active Rate payable after January 31, 2021	\$340.00
<input type="checkbox"/> Lapsed Members – Active membership rate until January 31, 2021 plus \$50 lapsed fee; or after January 31, 2021, active rate applies plus the applicable lapsed fee (No PD credit available)	\$50.00
<input type="checkbox"/> *Reduced rate ( <i>The reduced rate is only available until January 31, 2021</i> ) (Please sign declaration below if applicable)	\$167.00
<input type="checkbox"/> Life members (35 years of membership as Licentiate, *optional CICB Membership donation)	*\$10.00
<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>*REDUCED RATE DECLARATION:</b> I declare that I am not teaching Ballet and not advertising Cecchetti Canada credentials during this coming year.	
<i>Sign if applicable</i> _____	

### 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: \_\_\_\_\_

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Chair:  
Mary Ross, 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, 2021.

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 Head Office: [office@cecchetticanada.com](mailto:office@cecchetticanada.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, Operations Manager/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)