

2024 Membership Renewal Invoice

M310

Membership fees are due and payable annually by January 31st each year. The amounts below include membership fees 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 2024 are as follows:	
<input type="checkbox"/> Active Rate payable by January 31, 2024	\$290.00
<input type="checkbox"/> Less: Professional Development Credit (receipt must be attached)	(\$50.00)
<input type="checkbox"/> Active Rate payable after January 31, 2024	\$340.00
<input type="checkbox"/> Lapsed Members – Active membership rate (until January 31, 2024 plus \$50 lapsed fee; or after deadline, 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, 2024</i>) (<i>Please sign declaration below if applicable</i>)	\$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)	\$ _____
TOTAL PAYMENT REMITTED: \$ _____	
*REDUCED RATE DECLARATION: 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)	
<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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Cecchetti Canada is a corporate member of the Cecchetti International Classical Ballet (CICB)

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 ☐ *E-Transfer

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: _____

***E-transfers:** please identify the members name who the payment is for on the e-transfer and submit to Head Office with this renewal form.

Send e-transfers to: office@cecchetticanada.com

Receipt and membership card will be mailed in March, 2024.

☐ 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 available on the website to Head Office: office@cecchetticanada.com

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

Please send e-transfers only to: office@cecchetticanada.com

Sales & Membership

525 Lorne Street

Gravenhurst, ON P1P 1N1

E-mail: sales.membership@cecchetticanada.com

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

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Head Office: Susan Sheffield, Operations Manager/Examination Administrator, 525 Lorne Street, Gravenhurst, ON P1P 1N1
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