Chair:
Mary Ross, Fellow CC--CICB

FONDÉE EN 1949
CECCHETTI
CANADA

Honorary Patron:
Veronica Tennant, CC, LLD

2027 Membership Renewal Invoice

Membership fees are due and payable 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 to renew your membership.

Section A: Membership Rates (Please select the ANNUAL FEE that applies to you)	
The active membership rates for 2027 are as follows:	
☐ Active Rate payable by January 31st	$290.00
☐ Less: Professional Development Credit (receipt must be attached)	($50.00)
☐ Active Rate payable after January 31st	$390.00
☐ Lapsed Members – Add the $170 Lapsed Fee to the Active Rate that applies (PD credit not available when bringing your lapsed membership up to date)	$170.00
☐ *Reduced rate *(The reduced rate is only available until January 31, 2027* *(Please sign declaration below if applicable)*	$167.00
☐ Life Members (35 continuous years of membership as Licentiate) Suggested $25 to CC and $10 to CICB	$35.00
☐ Pre-qualifying membership (Maximum of 5 consecutive years) Pro-rated the first year if application submitted after January 31, 2027	$100.00
☐ Donation to the Beverley Miller Endowment Fund (tax receipts are issued for donations of $20 or greater)	$ _____
TOTAL PAYMENT REMITTED: $ _____ **When paying by credit card, please add 3% surcharge to total fees.**	
*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)

☐ Pre-Qualifying ☐ 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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Section D: Payment Method (Please select your payment method)

☐ Cheque ☐ Money Order ☐ Credit Card ☐ *E-Transfer

Money Orders are made payable to: *Cecchetti Canada*

E-transfers: please include the name of the member(s) on the e-transfer and send to Head Office with this renewal form.

*Send e-transfers to: office@cecchetticanada.com

If paying by credit card, please fill in the section below and add 3% surcharge to total fee:

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 2027

☐ 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 Dominique Turcotte: **treasurer@cecchetticanada.com**

If you would like to volunteer for Cecchetti Canada, please contact your Provincial Representative.

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

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