Canada DanceSport
DanseSport Canada

2025 PROFESSIONAL ATHLETE MEMBERSHIP FORM

*** NEW Member ❑ Renewal Membership ❑**

Member Information Recognized by CDS or other WDSF Member country.

Name:	Date of Birth (dd/mm/yy)	Male ❑ Female ❑
Address:		
City:	Prov:	Postal Code:
Phone:	Member's E-mail required	
*New members **MUST** provide proof of date of birth and citizenship. Citizenship **(State your nationality or Send proof of Canadian Citizenship):**		

Professional Athlete Registration Competition Categories: Standard ❑ Latin ❑ Smooth ❑ Rhythm ❑

CERTIFICATION: Check off Qualifications that You Hold *New members – MUST submit supporting certificates and documents

Associate	Standard ❑	Latin ❑	Smooth ❑	Rhythm ❑	Issuing Organization:
Licentiate	Standard ❑	Latin ❑	Smooth ❑	Rhythm ❑	Issuing Organization:
Fellowship	Standard ❑	Latin ❑	Smooth ❑	Rhythm ❑	Issuing Organization:
National Championship Adjudicator	Standard ❑	Latin ❑	Smooth ❑	Rhythm ❑	Issuing Organization:
Scrutineer ❑	Issued By:				**Master of Ceremony ❑**
WDSF	Qualifications:				Min number:

Annual Professional Athlete Membership Fees – $100 (includes Registration fee to CDS Region & CRAD)
Valid from January 1, 2025 – December 31, 2025 (or December 2026 if fees paid by October 15, 2025)

By my signature below, I confirm all information provided in this form is accurate and complete and I consent to all of the following conditions, or my membership can be revoked anytime when I violate any of the following conditions:

- I agree to abide by all the bylaws, policies, rules & regulations of Canada DanceSport (CDS). https://www.dancesport.ca/page24.php ; https://www.dancesport.ca/page27.php;
- I agree to Safe Sport Training, Adjudicator's Code of Conduct of Canada https://www.dancesport.ca/page26.php
- I agree to not slander or publish defamatory comments about WDSF and CDS Professional members on any media
- I agree to not solicit clients and students of CDS Professional colleagues
- I agree to having Canada DanceSport release and publish my name, my certification, contact information (email and phone number) to dance related interested parties including competition organizers and on CDS website;

Signature:	Date:

Payment Information

❑ Cash ❑ Cheque ❑ E-Transfer to CDS Treasurer at odspresident@rogers.com	Amount: $

Mail or e-mail a legible scanned copy of application to: Gord Brittain, CDS Treasurer, 1116 Harvest Drive, Pickering ON, L1X 1B6 Email: odspresident@rogers.com

**** NEW APPLICANTS ONLY****

New applicants MUST return this form together with a copies of a legal document confirming Professional qualifications, date of birth and citizenship to the Professional Committee, otherwise CDS cannot process your application.