



Canada DanceSport

DanseSport Canada

PROFESSIONAL INTERNATIONAL STANDARD/LATIN 2025 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):		

CERTIFICATION: Check off the 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 Membership Fees – \$80 (includes Registration fee to CDS)

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:
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Payment Information

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