



Membership Application Form 2017-2018

DANCER'S NAME(S):	GENDER (CIRCLE ONE)	BIRTHDATE (MM/DD/YYYY)
_____	M / F	_____
_____	M / F	_____
_____	M / F	_____
_____	M / F	_____

PARENT'S NAME(S): _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: (H) _____ (C) _____

EMAIL: _____

TEACHER: _____

PHOTOS: I give the IHDA permission to obtain photos of my child/children participating in Highland Dance activities at IHDA events and publish these photos on their website www.ihda.ca and/or social media accounts.

YES NO

Signature of Dancer or Parent/Guardian if under 18 years

ANNUAL MEMBERSHIP FEE:

FIRST YEAR DANCER	Complimentary Membership	<input type="checkbox"/>	NO CHARGE
DANCER #1		<input type="checkbox"/>	\$40.00
DANCER #2	An Additional	<input type="checkbox"/>	\$20.00
DANCER #3 OR MORE	An Additional Each	<input type="checkbox"/>	\$15.00
TOTAL AMOUNT DUE			\$ _____

**PLEASE MAKE CHEQUES PAYABLE TO: I.H.D.A and mail to:
IHDA c/o Shauna Peace
2461 Briarwood Ave
Kamloops BC V2B5A1**

MUST BE PAID PRIOR TO NOVEMBER 1, 2017.

For Office Use ONLY

Date Registered: _____ IHDA # _____ Comp: _____