Cambridge Dancers' Club: Membership

Forename	
Surname	
E-mail address	
College (if applicable)	Year of study (if applicable)
	1st 2nd 3rd 4th Post-Fellow/ year year year grad staff
Were you a CDC member last year? Yes No	Which dance styles are you interested in this year?
Will you be in Cambridge next year? Yes No	Ballroom Dancesport Salsa Rock'n'Roll
How did you hear about CDC?	
Freshers Taster Word of CDC fair session mouth flyer	CDC CDC Other Facebook

Data protection: I permit Cambridge Dancers' Club to hold the information on this form electronically for the purposes of administering the club and understand that it will not be released to third parties.

Health and safety: I agree to follow the safety rules as laid out in the CDC Health and Safety Policy at http://www.cambridgedancers.org

Signature