

Cambridge Dancers' Club : Membership

Forename

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Surname

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E-mail address

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College (if applicable)

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Year of study (if applicable)

1st year	2nd year	3rd year	4th year	Post- grad	Fellow/ staff
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Were you a CDC member last year?

Yes	No
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Will you be in Cambridge next year?

Yes	No
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Which dance styles are you interested in this year?

Ballroom & Latin	Dancesport	Salsa	Rock'n'Roll
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How did you hear about CDC?

Freshers fair	Taster session	Word of mouth	CDC flyer	CDC poster	CDC website	Other website	Facebook
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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

Date
