

# Cambridge Dancers' Club : Membership Form

Forename

Surname

E-mail address

College (if applicable)

Year of study (if applicable)

1st	2nd	3rd	4th	grad.	staff
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Were you a CDC member in recent years?

Y	N
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Which dance styles interest you?

ballroom & latin	competitive dancesport	salsa	rock 'n' roll
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Will you be in Cambridge next year?

Y	N
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How did you hear about CDC?

CDC flyer	Freshers' / Sports Fair	CDC website	other website	word of mouth	CDC poster	taster session	facebook
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**Data protection:** I permit Cambridge Dancers' Club to hold this information electronically for the purposes of administering the club and understand that it will not be released to third parties.

**Health & safety:** I agree to follow the H&S and Code of Conduct policies on the CDC website.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ [www.cambridgedancers.org](http://www.cambridgedancers.org)

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