Cambridge Dancers' Club : Membership Form

Forename

Surname

E-mail address

College (if applicable)

Year of study (if applicable)

1st	2nd	3rd	4th	grad.	staff

Were you a CDC member before? Y N

Will you be in Cambridge next year? Y N

Which dance styles interest you?

ballroom & latin	dance-sport	salsa	rock 'n' roll

How did you hear about CDC?

CDC flyer	Freshers' Fair	CDC website	other website	word of mouth	CDC poster	taster session	facebook

Disclaimers: I permit Cambridge Dancers' Club to hold this information in accordance to the CDC privacy policy. I agree to follow the safety rules as laid out in the CDC policy online. I agree to abide by the CDC code of conduct accessible online.

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