



2018-2019 Registration Form

SECTION A – Primary Contact Information

First & Last Name: _____

Dance Partner's First & Last Name: _____

Street Address: _____

City/Town: _____ Postal Code: _____

Email address: _____

Phone Number: _____ Cell Phone Number: _____

SECTION B – Your Dance Partner's Information

Complete Partner's information if different from above:

Street Address: _____

City/Town: _____ Postal Code: _____

Email address: _____

Phone Number: _____ Cell Phone Number: _____

SECTION C – Membership Information

Registration type:

- Regular Membership Associate Membership
- New Member -- **New Member class is Monday at 7:00 p.m.**

PRIVACY: As per privacy legislation, member(s) must provide their express permission prior to photos being taken and/or used in the Westview Club's website, any Club publication or advertising. It is within every member's right to decline that photographs be taken of them and/or that they be used. Anyone wishing to take pictures for the Club's use must obtain permission from that person or persons. We have read and understood the privacy statement

Signature: _____ Date: _____

Partner's Signature: _____ Date: _____

PAYMENT OPTIONS

One cheque for \$275.00 dated September 4, 2018 or three (3) cheques in the amounts of \$95.00 dated Sept. 4, 2018, \$90.00 post-dated Oct. 1, 2018 and \$90.00 post-dated Nov. 1, 2018.