

**Channel Counties Amateur
Dancers' Association**



MEMBERSHIP FORM 2011

NAME: _____ **2010 No.:** _____

NAME: _____ **2010 No.:** _____

NAME: _____ **2010 No.:** _____

NAME: _____ **2010 No.:** _____

ADDRESS: _____

POSTCODE: _____

TEL: _____ **MOBILE:** _____

E-MAIL/S: _____

ADULT COMPETITOR: _____ **£5.00 each**

JUNIOR COMPETITOR (under16): _____ **£2-50 each**

SUPPORTER: _____ **£5.00 each**

TOTAL: _____

Please send completed form with cheque payable to CCADA to:
CCADA Membership Secretary, 4 Bosley Way, Christchurch, BH23 2HF.
Or e-mail membership@ccada.org.uk for further details about membership.