

Dancer's Edge Parents Association (DEPA) 2016 – 2017 Membership form

Version 5.0 – May 2016

Studio: Blackfalds Lacombe Both

Membership Information:

Parent's Name: _____
Last Name First Name

Parent's Name: _____
Last Name First Name

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Dancer's Name: _____
Last Name First Name

Dancer's Name: _____
Last Name First Name

Dancer's Name: _____
Last Name First Name

Fundraising: *due at time of registration*

- Postdated cheque dated for **(November 1)** in the amount of **\$50.00 attached**
(this will be cashed if I DON'T participate in fundraising and reach the minimum \$50)
- Postdated cheque dated for **(November 1)** in the amount of **\$50.00 attached**
(this will be cashed if I DON'T provide a \$20 NEW silent auction item)
- I **DO NOT** want to participate in fundraising at this time, however, I would like to be a member of DEPA.
Cash my \$50.00 cheque.
- I am interested in becoming more involved in the Parents Association

There is a **ZERO tolerance policy** on abuse or bullying of any DEPA member, executive or members of Dancer's Edge staff. Failure to comply may result in membership being revoked without compensation. I understand that every member's opinion is valued, and the monthly meetings are to my benefit. If I do not attend the meetings, I understand that I am forfeiting my vote. All information regarding meeting, fundraising, etc., are emailed out from contactdepa@gmail.com. Please join our closed Facebook page at *DEPA (Dancer's Edge Parents Association)* as we post important info there.

I acknowledge that there will be deadlines to submit invoices and fundraising. I realize that if I do not meet these deadlines it is my responsibility to pay Dancer's Edge Studio within the deadlines regardless of my DEPA funds. If fundraising is not submitted on time it is my responsibility to return funds collected to purchasers as late orders will not be accepted. On pickup day of fundraisers it is my responsibility to pick up or make alternate arrangements to have my order picked up or it will be forfeited and I will be responsible to pay back my customers. Finally, I understand that if I wish to join DEPA for the current year, my previous years of membership with DEPA, if applicable, must be in good standing (no outstanding fees, etc.).

I authorize DEPA to share that I am a member with Dancer's Edge Studio

I have read the above and hereby signify my understanding of it and the agreement.

Signature

Date

For DEPA use only:

- | | | | |
|--|-------------------------------|--|---------------------------------------|
| <input type="checkbox"/> \$5.00 Membership fee: | <input type="checkbox"/> cash | <input type="checkbox"/> Cheque #: _____ | DEPA Executive Member Initial: _____ |
| <input type="checkbox"/> \$50.00 Fundraising fee: | <input type="checkbox"/> cash | <input type="checkbox"/> Cheque #: _____ | |
| <input type="checkbox"/> \$50.00 Silent Auction | <input type="checkbox"/> cash | <input type="checkbox"/> Cheque #: _____ | |
| <input type="checkbox"/> \$50.00 fundraising buyout: | <input type="checkbox"/> cash | <input type="checkbox"/> Cheque #: _____ | DEPA Treasurer Entered Initial: _____ |