

**Vancouver Island Scottish Country Dance Society**  
**Returning Member Application 2016/17**

Please keep this page for future reference and send the attachment with your cheque made out to the **VISCDS**.

Membership fees are due September 1, 2016.

\$30.00 Membership fee

Youth members (16 to 25): \$20 membership fee, no class fee

\$110.00 Class fees for one year, Sept.-Apr. (26 classes); or

\$60.00 for Sept.-Dec. (13 classes) and/or

\$60.00 for Jan.- Apr. (13 classes)

You may attend any number of classes when you pay for a full or half year.

\$60.00 drop-in card for 10 classes in addition to \$30 membership fee.

Please note that participation in the VISCDS is at the risk of each individual.

The VISCDS assumes no risk or responsibility for personal injury or loss.

New members will receive a complimentary name badge. Returning members may order a replacement magnet-backed name badge for a cost of \$7. Place your order on your registration form or request through your class rep or Rick Deegan.

Please mail the attachment with your cheque to:

Rick Deegan  
1739 Christmas Avenue  
Victoria B.C. V8P 2X9

VISCDS Membership Application 2016/17

Contact Information

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Tel. (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Fees: All fees shown below are at the per person rate:

Annual membership (adult) \$ 30.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

(youth) \$ 20.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

Classes full year (Sept-Apr) \$110.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

half year (Sep/Dec) \$ 60.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

(Jan/Apr) \$ 60.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

Drop-In punch card (10 classes) \$ 60.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

Replacement name tag \$ 7.00 x \_\_\_\_\_ = \$ \_\_\_\_\_

TOTAL PAYMENT..... \$ \_\_\_\_\_

In which class will you register? \_\_\_\_\_

Please indicate how you would like to receive the newsletter, "Island Fling":

Electronic: \_\_\_\_\_ Paper copy: \_\_\_\_\_

By signing below I agree that VISCDS is not responsible for any accident or injury incurred during classes.

Name(s) \_\_\_\_\_ Date \_\_\_\_\_