

MEMBER/VOLUNTEER INFORMATION

VBDS is a social club organized and managed by members (volunteers) for the benefit and enjoyment of all of its members. Thus, all members of VBDS should attempt to contribute in some way to the operation of the club, if they possibly can. Only in this way can we continue to keep the costs of Ballroom Dancing in Victoria (e.g. our practices, classes, workshops, and dances) as comparatively low and reasonably priced as we do. The rewards for volunteering are fun and the friendship and respect of fellow members of VBDS and the community in which we all live. Please take a moment to complete the information requested below to assist your club in understanding how you may be able to participate in the operation of **your** dance club.

Why did you become a member?

If you are a member what activities of the club do you attend or if you are a new member what activities do you plan to attend?

- Classes
- Practices
- Monthly dances
- NY Eve celebrations
- Dance Pacifica
- Publicity demonstrations
- Other

Have you previously been or are you now a volunteer either for VBDS or any other organization?

What?

When?

What are your skills and abilities?

What do you know how to do and what do you like to do?

Are you proficient with any specialized computer programs or in any other specialized area such as book-keeping, public relations, webpage design, graphic arts, managerial tasks, etc.?

Would you like more information on the volunteer skills needed by your club or on how to volunteer?

All information gathered on this form will be covered under the VBDS Privacy Policy. To review this policy please go to: <http://www.vbds.org/privacy.htm>

VICTORIA BALLROOM DANCE SOCIETY (HST #89929 6099 RT0001)

P.O. Box 35024, RPO Hillside, Victoria BC V8T 5G2 250-721-5483 info@vbds.org www.vbds.org

Membership Application: Membership fees are **\$54** per year; no pro-rating, no refunds. Discounted fee: **\$27** for **full-time students** and people on BC or CPP **Disability Assistance**. For **very first time** members there is a **one-time only** late joiner discount: Jan-Aug \$36 (\$20 student/disability) or Apr-Aug \$20 (no further discount). Mail this form with your cheque to: VBDS, PO Box 35024, RPO Hillside, Victoria BC, V8T 5G2

Informed Consent Agreement and Liability Waiver (Please print)

I, _____ (person #1), and I, _____ (person #2) declare that I intend to use some or all of the activities, facilities, programs and services offered by the Victoria Ballroom Dance Society. I know that dancing is a potentially hazardous and strenuous activity and that I should not dance unless I am medically able. I understand that it is not the responsibility of any instructor, member or affiliate of the Victoria Ballroom Dance Society to assess my physical, mental or emotional fitness to participate in any activity whatsoever. I assume any and all risks associated with dancing including but not limited to adverse physical effects, falls, contact with other participants, and the effects of temperature including high heat and/or humidity. I assume full responsibility during and after my participation to use or apply, at my own risk, any portion of the information or instruction I receive.

I hereby waive, release and discharge the Victoria Ballroom Dance Society, its governing board, officers, directors, representatives, volunteers, and all others, from any and all responsibility or liability from injuries or damages including those caused by negligent acts or omission, or connected with participation in any of the Victoria Ballroom Dance Society activities, programs and services.

I declare that I have read, understand and agree to the contents of this Informed Consent Agreement and Liability Waiver in its entirety.

Signature#1: _____ Witness: _____ Date: _____

Signature#2: _____ Witness: _____ Date: _____

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Completion of this form confirms your acceptance of the VBDS Privacy Policy.

PERSON #1		PERSON #2	
Name		Name	

INFO BELOW FOR NEW MEMBERS OR UPDATES ONLY!

Email – or same as partner (___)		Email – or same as partner (___)	
Phone – or same as partner (___)		Phone – or same as partner (___)	
Street Address – or same as partner (___)		Street Address – or same as partner (___)	
City	Postal Code	City	Postal Code
Membership Fee \$	School & Student Number or CPP if discount requested	Membership Fee \$	School & Student Number or CPP if discount requested

Go to class registration form and enter above membership fee(s) OR:

\$ _____ cash / cheque / VISA / MC / debit \$ _____ cash / cheque / VISA / MC / debit