Membership and Renewal Form
CORPS de Ballet International (Please print form and mail)

Name: _____
Circle: New or Renewal Membership

Choose Home or Work Address for contact and mailings.
Home Address
Street: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Institution: _____
Department: _____
Rank/Title:: _____

Work Address
Street: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

ANNUAL MEMBERSHIP YEAR: July 1 through June 30

Annual Dues:
Professional: $75.00, 2-year membership $140.00, 3-year membership $200.00

Associate: $50.00, 2-year membership $90.00, 3-year membership $125.00

Retired Professional: $25.00

Graduate Student: $25.00

Amount Enclosed_____

Date: ______________

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