



CECCHETTI COUNCIL OF AMERICA

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Home Phone:	Cell Phone:	
Current address:		
City:	State:	ZIP Code:
Email Address:		Date of Birth:

TEACHING EXPERIENCE

Current Studio Name(s):		
Studio Website:	Years of Teaching:	
Studio Phone:		
City:	State:	ZIP Code:

TRAINING

Dance Training (include college/professional training and experience):	
Indicate CCA Student exams passed:	Indicate CCA Teacher exams passed: (must have passed Grade I)
Sponsoring CCA Teacher Name and level of CCA Certification (must be LCCA or above):	
Additional Information:	

APPLICATION FEES

Initiation fees and dues must accompany the application.		
Cecchetti Council of America		Yearly Dues: \$100
23393 Meadows Avenue	E-mail: ccainfo@aol.com	Processing Fee: \$20
Flat Rock, MI 48134	www.cecchetti.org	Total: \$120
Payment Method:		Amount Enclosed:

SIGNATURES

Applicant Signature:	
Sponsoring Member:	
Applicant agrees to uphold the goals and standards of the Cecchetti Council of America.	Initial: