



CECCHETTI COUNCIL OF AMERICA
Membership

CCA Membership Application Form

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:		
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. Please send to:		
Cecchetti Council of America		Yearly Dues: \$130
23393 Meadows Avenue	Email: ccainfo@aol.com	Processing Fee: \$20
Flat Rock, MI 48134	www.cecchetti.org	Total: \$150
Payment method:		Amount enclosed:
SIGNATURES		
Applicant Signature:		
Sponsoring Member:		
Applicant agrees to uphold the goals and standards of the Cecchetti Council of America. Initial:		

Please note: Fees will be prorated for applicants applying mid year. Please use the online membership application form at www.cecchetti.org