



American Cuemakers Association Application for Membership

MERCHANDISING & ASSOCIATE MEMBERSHIP APPLICANTS

Name: _____

Address: _____

Name of Company: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____ WebSite: _____

I understand all information on this application is confidential and for the use of the ACA to determine membership qualifications.

SIGNATURE _____ DATE: _____

Please send this application and a check for \$100 payable to the American Cuemaker's Association to:

Mike Capone

PO Box 886

Poolesville, MD 20837

