



CECCHETTI USA

CLASSICAL BALLET

FOUNDING CORPORATE MEMBER
CECCHETTI INTERNATIONAL – CLASSICAL BALLET

Membership Form-2012-2013

Personal Contact Information:

Name _____ Date _____

Home Address _____ City _____ State _____ Zip code _____

Primary Phone (_____) _____ - _____ Secondary Phone (_____) _____ - _____

Email _____

Ballet Teacher's name _____

Most recent successfully passed exam _____ Date & place _____

Most recent successful Qualifying exam (Teachers) _____ Date & place _____

Affiliated & Certified Member's Contact Information for CUSA's Website **(www.cecchettiusa.org):**

Name _____ Studio Town _____ State _____

Studio Name _____

Studio Website _____ Email _____

Please Check One: _____ New Member _____ Returning Member-Member # _____

Level of Membership: _____ **Affiliated Member** (\$150)

_____ **Certified Member** (\$125)-__Associate__Licentiate__Fellow

_____ **Joint Certified Member** (each member must complete form, \$75 each) __Associate__Licentiate__Fellow

_____ **Friends of Cecchetti USA**-Donation Amount of \$ _____

Would you like to make a donation to the Olga Fricker/Shiela Darby Fund? \$ _____

Would you like to make a contribution to the 2014 CICB Competition being produced by CUSA? \$ _____

Signature: _____

Mail your Application and check to: Cecchetti USA, Alison Durham, Membership Chair

41 Roger Road, Griswold, CT 06351

E-mail cusamembership@yahoo.com