



## AFFILIATED MEMBER APPLICATION

### PERSONAL CONTACT INFORMATION:

NAME \_\_\_\_\_ DATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL \_\_\_\_\_

### PLEASE CHECK ONE:

NEW MEMBER \_\_\_\_\_

RETURNING MEMBER-MEMBER # \_\_\_\_\_

LEVEL OF MEMBERSHIP: AFFILIATED (\$50)

SIGNATURE \_\_\_\_\_

**MAKE YOUR CHECK PAYABLE TO: CECCHETTI USA**

**MAIL YOUR CHECK AND APPLICATION TO:**

**JUDITH HAWKESWORTH**

**1236 NICK WATTS ROAD, LUGOF, SC 29078**

**JUDITHHAWKESWORTH@GMAIL.COM**

**803 420-7511**