



American Cuemakers Association Application for Membership

VOTING MEMBERSHIP APPLICANTS

Name: _____

Address: _____

Name of Cue or Company: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____ Web Site: _____

Minimum of three references: Include at least 2 business references (your suppliers) and at least 1 other established cuemaker (preferably an ACA member)

1.) _____

2.) _____

3.) _____

4.) _____

BRIEF HISTORY OF YOUR CUEMAKING

BRIEF STATEMENT OF WHY YOU WANT TO JOIN THE ACA

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

I also certify that the cue I am submitting was made by me, and that the cue meets the requirements laid out under the Requirements for Membership section of the ACA website at www.cuemakers.org. The penalty for misrepresentation could be as much as a lifetime expulsion.

SIGNATURE _____ DATE: _____

Please send this application and a check for \$300 payable to the American Cuemaker's Association to Jim Buss at:

American Cuemaker's Association
9319-A Midland Blvd.
St. Louis, MO 63114