

2021 MEMBERSHIP APPLICATION



Name: _____ Club Position: _____

CCM/CCE etc: _____ Date of Birth: _____

Please complete the information below:

Business Information

Home Information

Club Name _____ Street: _____

Street: _____ City: _____

City: _____ State/Zip: _____

State/Zip: _____ Mobile Telephone: _____

Telephone: _____ Spouse's Name: _____

Mobile: _____ Please send mail to: Home Club

Work email: _____ Home email: _____

Fax: _____ Date: _____

Please indicate requested CCMA Membership Status:

- | | | | |
|--------|---------------------------------------|--------------------------|-----------------------|
| *ACT | PROFESSIONAL MEMBER | <input type="checkbox"/> | ANNUAL DUES- \$585.00 |
| *ACT | 2 ND MEMBER FROM SAME CLUB | <input type="checkbox"/> | ANNUAL DUES- \$480.00 |
| *ACT | 3 RD MEMBER FROM SAME CLUB | <input type="checkbox"/> | ANNUAL DUES- \$375.00 |
| *FOA | FRIEND OF THE ASSOCIATION | <input type="checkbox"/> | ANNUAL DUES- \$450.00 |
| *ASSOC | ASSOCIATE MEMBER | <input type="checkbox"/> | ANNUAL DUES- \$450.00 |
| *ALUM | ALUMNUS MEMBER | <input type="checkbox"/> | ANNUAL DUES- \$250.00 |
| *CHEF | CHEF/SOUS YEAR 1 | <input type="checkbox"/> | NO DUES |
| *STUD | STUDENT MEMBER | <input type="checkbox"/> | NO DUES |
| *RET | RETIRED MEMBER | <input type="checkbox"/> | NO DUES |
| *HON | HONORARY MEMBER | <input type="checkbox"/> | NO DUES |
| *FAC | FACULTY MEMBER | <input type="checkbox"/> | NO DUES |

(Associate membership is possible only if you are an Associate Member of National.)

**From your dues, \$25.00 goes directly to the Joseph P. Tonetti Scholarship Fund.*

Please email: both CMAA and CCMA applications to
Sally Becker, Managing Director sbecker@cmaact.org

Make check payable to: the CONNECTICUT CLUB MANAGEMENT ASSOCIATION

Send to: Connecticut Club Management Association

29 Valley Drive, #4383
Greenwich, CT 06831