

**Suncoast Callers and Cuers Association
Application for Membership**

(Please Print applicant information)

Applicant Name _____

Partner Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email: _____

Years Calling/Cueing _____ Highest Program to Call/Cue _____

Other Caller/Cuer Assoc Memberships & years

Related Schools Attended, the Length of School & Year of completion

Related Clinics attended in past 5 years

Signature of Applicant _____

Signature of sponsor confirms personal knowledge of applicant's proficiency at the program(s) indicated by applicant

Signature of SCCA sponsor _____

Signature of SCCA sponsor _____

FOR SCCA USE ONLY Date Fee Received _____ Date sent to Treasurer _____

Date Application Reviewed _____

Recommendation by committee APPROVE POSTPONE

Signature of membership committee chair