

Official ICA Membership Application

Name:	
Company or Brand Name:	
Address:	
City:	
Country:	
Zip/Postal Code:	
Telephone:	
Email Address:	
Website Address:	
I am applying for Cuemaker Cue-Manufacturer Memb	, Cue-Repairman, Apprentice, Supplier, Associate, or ership.
The year you started making cues regularly://	
The year you started repairing cues regularly://	
What price do your cues start at:	
Do you have partners or helpe	ers you want recognized? Yes, No
Their names:	
Do you have any past due bills details:	s with any cuemaking materials suppliers? Yes, No If yes, provide
Do you have any issues with a	any of our members that might create conflicts if we accept you as a member?
Yes, No If yes, pro	vide details:



Have you read the membership requirements listed on our website and agree that you meet those requirements and agree to keeping those terms for membership? Yes_____, No_____.

I understand that my enclosed membership fee of \$250 will be refunded if application is declined. I am enclosing (or have emailed) pictures for obtaining membership level if requested. I also understand that making any false claims on this application may result in dismissal from membership without any refunds and I agree to allow ICA to do a suppliers credit check:

Signed: _____

Dated: ____/__/___/

Make Checks to: International Cuemakers Association 444 Flint Hill Road, Aragon, GA 30104

BELOW IS ONLY FOR SUPPLIER/MERCHANT APPLICANTS:

The Year you started this business: _____

Brief Description of your business and items you sell:

Do you desire to offer our members a discount? Yes____, No____, Maybe____.

If Yes or Maybe: contact us to discuss details such as items discounted and minimum purchase requirements and find out if you qualify for free ICA Supplier membership.

Phone 770-684-7004 or Email ica@internationalcuemakers.com