



# AAA Membership Application

AMERICAN ACCORDIONISTS' ASSOCIATION

Dr. Joseph A. Ciccone, President

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## MEMBERSHIP APPLICATION

MEMBERSHIP TYPE \*:  FULL-\$65  CERTIFIED TEACHER - \$65 (exam required)  ASSOCIATE - \$35  STUDENT - \$20  
 AFFILIATED ORGANIZATION (send request to ameraccord1938@gmail.com)

Items designated with \* are required

FIRST NAME \*                    MI

LAST NAME \*

ADDRESS \*

CITY \*

STATE / PROVINCE \*           POSTAL CODE \*

COUNTRY \*

TELEPHONE NUMBER \*

EMAIL

If paying by credit card, please complete the information below

VISA  MASTERCARD  DISCOVER Expires (MM/YY) \*  /  3 digit code \*

AMEX Expires (MM/YY) \*  /  4 digit code \*

If paying by check (US currency only), please make it payable to **American Accordionists' Association**

Please mail to:

**Dr. Joseph A. Ciccone  
2 Gramatan Avenue, Suite 206  
Mt Vernon, NY 10550**