American Casting Association

Mail to: ACA 1719 Versailles Road Lexington, KY 40504

ACA Membership Form

Club Membership $ 50.00 per calendar year

Club name _____

Contact _____

Address _____

Phone _____

City and State _____

Zip Code _____

email _____

Individual Membership $ 25.00 per calendar year

Name _____

Address _____

Phone _____

City and State _____

Zip Code _____

email _____

Please note---- there are two options for membership.
The individual membership is designed for casters to join
the ACA where there is not an established club in the area.
It is not necessary to pay for both memberships to join the ACA.