



# 2010 ACA/NEW Paddlers, Inc. Membership Registration Form



## MEMBER INFORMATION (Please print clearly)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

Address: \_\_\_\_\_ Home Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ ACA No.: \_\_\_\_\_

We will not release your information to other clubs or organizations. We will notify you of other paddling clubs, organizations and paddling events by email if you would like us to. Do you want to be notified of information from other paddling clubs, organizations or paddling events? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (If yes, you must provide an email address)

What is your paddling preference? 1 = first, 2 = second, etc.:

Canoe \_\_\_\_ Coastal/Touring \_\_\_\_ Play-boating/Rodeo \_\_\_\_ Rafting \_\_\_\_ Recreational \_\_\_\_ Whitewater \_\_\_\_

All ACA and NEWP club member renewal dates are January 1 of each year. The Introductory Membership is only available for **first** time ACA members. As an ACA "Paddle America Club" all NEWP members must be ACA members.

## ACA Membership Fees for the year 2010:

- Individual** \$30.00 \$ \_\_\_\_\_
- Student** (23 or under) or **Senior** (age 62 and over) \$25.00 \$ \_\_\_\_\_
- Family** (2 adults + any children under 18 yrs old in a household) \$40.00 \$ \_\_\_\_\_
- Introductory** - 6 months (1<sup>st</sup> time ACA member only) \$15.00 \$ \_\_\_\_\_

**NEW Paddlers Membership dues for the year 2010** (unchanged since forever) \$ \_\_\_\_\_ + 10.00

Total amount due – make check payable to NEW Paddlers, Inc. \$ \_\_\_\_\_

**FAMILY MEMBER INFORMATION** – Complete the family members list below; list additional members on the back. Also, please be sure to complete an age appropriate ACA waiver for **each** family member.

<u>NAME</u>	<u>Date of Birth</u> ( mm / dd / yyyy )	<u>ACA No.</u>
1. _____	____ / ____ / ____	_____
2. _____	____ / ____ / ____	_____
3. _____	____ / ____ / ____	_____
4. _____	____ / ____ / ____	_____

Mail completed Membership Registration Information and signed waivers to:

Sybille Nickel - 530 Commercial St., Apt 7 - Seymour, WI 54165

Instructors renewing ACA certification need to contact Sybille Nickel: bille19322@yahoo.com