

Space Coast Paddlers Membership Application

An American Canoe Association Affiliated Club

Name _____ Date _____

Address _____
Street City State zip

Age _____ Phone _____ e-mail _____

Emergency contact: (please use someone not on this application)

Name _____

Relationship _____ Phone _____

Type of Membership: Single ___ Family ___ (eg. mother/father, children under 18 yrs at same address)

If Family Membership, please list the names of family members.

1. _____ age _____
2. _____ age _____
3. _____ age _____
4. _____ age _____
5. _____ age _____

Space Coast Paddlers Membership includes:

- Voting privileges
- Participation in club activities
- Monthly club newsletter (on website)
- American Canoe Association (ACA) membership (renewal invoiced by ACA)
- Paddler magazine subscription
- ACA liability insurance for club activities

Membership Fees:

- Single \$40 per year (ACA \$30+ SCP \$10)
- Family \$55 per year (ACA \$40+ SCP \$15)

Mail the following items to the address below:

1. This application completed
2. Separate, signed ACA Liability Insurance form for every member listed. (Use the forms on the following pages.)
3. Check payable to "**Space Coast Paddlers**"

**Mail to: Space Coast Paddlers
P.O. Box 360193
Melbourne, FL 32936**