

**AHWAGA CANOE AND KAYAK CLUB (ACKC) &  
AMERICAN CANOE ASSOCIATION (ACA)  
ANNUAL INDIVIDUAL MEMBERSHIP FORM**

**Circle one:**                      Renewal                      or                      New Member

**Name:** \_\_\_\_\_ **ACA #** \_\_\_\_\_

**Mailing Address:** (Street or P.O.) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**Phone:** (Cell) \_\_\_ - \_\_\_ - \_\_\_ (Home) \_\_\_ - \_\_\_ - \_\_\_ Email: \_\_\_\_\_

**Annual Dues:**

*Per our by-laws, ACKC members that intend to participate in water activities must carry membership with the ACA OR file an ACA Event Membership form and pay \$10 each time they paddle with us.*

**ACKC (all family members included) - \$15.00**

**ACA Membership (each individual) - \$40.00\***

**TOTAL Paid \$** \_\_\_\_\_ **Date of Payment** \_\_\_\_\_ **Check #** \_\_\_\_\_

*\*If renewing on-line with the ACA, you must provide a copy of your receipt with this application.*

**Applicant Signature:** \_\_\_\_\_

*By signing above, I agree to abide by ACKC rules of conduct; further that I am in good health; that I am solely responsible for my own safety on ACKC trips; and that my skills and equipment are in good condition. I fully understand that paddle sports can be hazardous and may subject me to risk of injury and/or property damage. I willingly assume these risks.*

**Please make check payable to: ACKC Membership**

Please mail \_\_\_check, \_\_\_ this application, \_\_\_and the American Canoe Association Membership Form for each person named on application to:

*Sharon Canfield, 79 Michigan Hill Road, Harford Mills, NY 13835*

Additional contact information - Phone: 607-299-0553 Email: [kayak4me2@gmail.com](mailto:kayak4me2@gmail.com)

[www.ACKCNY.org](http://www.ACKCNY.org)

A Paddle America Club

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