

**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: 607-727-1896 Email: kayak4me2@gmail.com

www.ACKCNY.org

A Paddle America Club

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