



ACA / NEWP, Inc. Membership Registration Form



MEMBER INFORMATION (Please print clearly)

Name: _____ ACA Number: _____
 Address: _____ Phone: _____
 City,ST Zip: _____
 Email: _____ ACA Instructor? YES _____ NO _____

We will not release your information to other organizations. We will periodically notify you of club events and other paddling events by email if you provide a valid email address.

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

Canoe ____ Coastal/Touring ____ Play-boat/Rodeo ____ Rafting ____ Recreational ____ Whitewater ____ SUP ____

As an ACA "Paddle America Club" all NEWP members must be ACA members.

ACA / NEWP Membership Fees:

ACA Individual \$40.00 x _____ (# individuals) = \$ _____
 (Include an ACA Waiver for **each** member.)

NEWP Membership Dues (unchanged since forever) \$ 10.00

Total Amount Due – make check payable to **NEWP, Inc.** \$ _____

FAMILY MEMBER INFORMATION – Note: As of January 2019, the ACA no longer has Family memberships. Each family member will be an ACA Individual member, however, NEWP still recognizes the family and charges only one NEWP Membership Dues (\$10) for the entire family.

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 (please print)</u>	<u>ACA Number</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Mail completed form, payment and signed ACA waivers to: **NEWP Treasurer**
1247 E Shady Lane
Neenah, WI 54956