



NEWP / ACA Membership Registration Form



MEMBER INFORMATION (Please print clearly)

Name: _____ ACA Number: _____
 Address: _____ ACA Expiration Date: _____
 City,ST Zip: _____ Phone: _____
 Email: _____

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.

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

NEWP's membership year runs from **December 1 through November 30** of the following year. Your ACA membership renewal date will likely be different.

ACA / NEWP Membership Dues:

- ACA Individual** \$40.00 x _____ (# individuals) = \$ _____
 (Include an ACA Waiver for **each** member.)
- NEWP Membership Dues** \$ _____ 20.00

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

FAMILY MEMBER INFORMATION – Note: 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 (\$20) for the entire family.

List the additional family members below.

Also, please be sure to complete an age appropriate **ACA waiver** for **each** family member.

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

Mail completed form(s), payment and signed ACA waivers to:	NEWP 1247 E Shady Lane Neenah, WI 54956
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