



Membership Application: Renewal New Member ACA Member Minor Date: _____

Name _____ Phone/Hm (_____) _____ Phone/Wk (_____) _____

Address _____ City _____ State ____ Zip _____ Email: _____

ACA Number: _____ Expiration: _____ NACK Number: _____ Expiration _____

Background & Certification: _____

Type of Membership (check all that apply, all NACK members must join ACA):

Individual: \$40 NACK Dues \$30 ACA Dues + 20 hr work = _____ Total Paid: _____

Associate: \$15 NACK Dues \$30 ACA Dues + 00 hr work = _____ Total Paid: _____

Family: \$55 NACK Dues \$40 ACA Dues + 40 hr work = _____ Total Paid: _____

Fam. Assc. \$25 NACK Dues \$40 ACA Dues + 00 hr work = _____ Total Paid: _____

Family - Second Adult: _____ ACA # _____ \$0 Additional _____

Family - Child #1 _____ DOB: _____ \$0 Additional _____

Family - Child #2 _____ DOB: _____ \$0 Additional _____

Sustainer Donate at least double dues or work in addition to above commitment. _____ = _____
Sustaining members may be listed on the club website and newsletter. Yes No

Instructor \$50 NACK Dues \$30 ACA Dues \$25 ACA SEIC = _____ Total Paid: _____
Instructor members may be listed on the club website and newsletter. Yes No

Retailer \$100 NACK Dues \$30 ACA Dues = _____ Total Paid: _____
Retailers may request ad placement on club website and newsletter. Yes No

Skills & Requested work assignment (must be approved): _____

Areas of Interest (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Flat-water Canoe | <input type="checkbox"/> Squirt Boating | <input type="checkbox"/> Conservation |
| <input type="checkbox"/> Recreational Kayak | <input type="checkbox"/> Wilderness Tripping | <input type="checkbox"/> Waterway Access |
| <input type="checkbox"/> Kayak Touring | <input type="checkbox"/> Outrigger Canoe | <input type="checkbox"/> Instruction |
| <input type="checkbox"/> Whitewater Canoe | <input type="checkbox"/> Canoe Sailing | <input type="checkbox"/> Retail Sales |
| <input type="checkbox"/> Whitewater Kayak | <input type="checkbox"/> Poling | <input type="checkbox"/> Rescue Training |
| <input type="checkbox"/> Surf Kayaking | <input type="checkbox"/> Kayak Polo | <input type="checkbox"/> Events |
| <input type="checkbox"/> Paddle/Camping | <input type="checkbox"/> Competition/Racing | <input type="checkbox"/> Social Paddling |
| <input type="checkbox"/> Other: _____ | | |

Release of Liability: Print and attach current ACA waiver for each name registered. All members must read and agree to comply with NACK Bylaws. Members must meet NACK skills requirements to participate in sanctioned activities.
 I agree to release my photograph for club publicity. I permit NACK to publish my contact info to other members.