



An ACA Paddle America Club & NYS Not For Profit Corp.



www.Get-the-NACK.org

P.O. Box 124 Wantagh, NY 11793 info@get-the-nack.org

Membership Application / Renewal Form:		Date:		
Name				
Home Phone	Cell Phone	Other	Phone	
Address		City	State	_Zip
Email:				
ACA Number:		ACA Expiration:		
NACK Number:	(If Renewal)	The Membership ye	ear, is from April 1	thru March 31
Type of Membership	(All NACK members must	be current membe	rs of the ACA)	
☐ Individual: New Membe	er NACK Dues \$40 + 10 hr. work	or ☐ Renewal NACK	Dues \$30 + 10 hr.	work
☐ Family: New Members	NACK Dues \$55 + 20 hr. work or	☐ Renewal NACK	Dues \$40 + 20 hr.	work
Family - Second Adult:	ily - Second Adult: ACA #		ACA Expiration	
Family - Child #1	DOB:A	CA #	_ACA Expiration	
Family - Child #2	DOB:A	CA #	_ACA Expiration	
Plus ACA Individual dues i	if not already an ACA Member of \$	30.00		
Plus ACA Family dues if no	ot already an ACA Member of \$40	.00		
Total Amount Paid for NAC	CK Membership plus ACA dues (if	applicable): \$		
Areas of Interest (check	all that apply):			
Instruction □; Canoe Sa	onservation \square ; Recreational Kayaling \square ; White Water Kayaking mpetition/Racing \square ; Social Pad	g □; Rescue Training	☐; Surf Kayaking	□;
Release of Liability:				
Attached is my ACA waive	r for each name registered. All me	mbers must read and a	gree to comply with	NACK Bylaws.
Members must meet NAC	K skill requirements to participate i	n sanctioned activities.		
☐ I agree to release my	photograph for club publicity.	I permit NACK to publish	sh my contact info to	o other members.
Signature				