



LOWCOUNTRY PADDLERS MEMBERSHIP APPLICATION

Name(s) _____ Date _____

Address _____

Phone _____ E mail _____

How did you find out about the club: _____

I, _____ (signature) realize that I alone am responsible for my safety on any LowCountry Paddler trip.

New Member Dues (2020)

Single: \$20 club plus \$25 ACA membership = \$45.

Family: \$30 club plus \$25/ACA membership = Minimum \$80.

Payment: Please enter the amount you are paying. \$ _____

ACA Number if existing _____

To Join

Please make check to LowCountry Paddlers and complete an ACA waiver form for each person. Mail check, membership application, and ACA waiver forms to:

The contact posted on LCP website: www.lowcountrypaddlers.net

Note: All club members are required to belong to and maintain their ACA membership. We will sign you up with the ACA as a new member; you are required to keep your membership current. The ACA will bill you annually.

Questions

E mail: komcdowell@earthlink.net
