



LOWCOUNTRY PADDLERS MEMBERSHIP RENEWAL

Name(s) _____ Date _____

Address _____

Phone _____ E mail _____

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

Member Renewal Dues (2020)

Does: Single: \$20 ____ Family: \$30 ____

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

ACA Number for each member:

Name _____ ACA Number _____

Name _____ ACA Number _____

To Renew

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. You are required to keep your membership current. The ACA will bill you annually.

Questions

E mail: komcdowell@earthlink.net
