



2019 Membership Form

First Name:		Last Name:							
Address:									
Phone:		Mobile:							
Date of Birth:	only required for Juniors								
Emergency Contact Name:		Emergency Contact Phone:							
Cams Licence:		Licence Type:	Licence Exp:						
SEAC Member #		if you have one							
Please circle type of membership required:									
Single	Junior	Family 1	Family 2	Conditional	6 month	Associate 1	Associate 2	Affiliate	Single Event
\$88.50	\$44	\$99	\$160	\$56	\$53	\$53	\$78.50	\$56	\$25.50
If applying for family membership, please list other members details:									
Name:		Date of Birth:							
		if junior							
Cams Licence:		Licence Type:	Licence Exp:						
Name:		Date of Birth:							
		if junior							
Cams Licence:		Licence Type:	Licence Exp:						
Name:		Date of Birth:							
		if junior							
Cams Licence:		Licence Type:	Licence Exp:						

PO Box 1551, Mount Gambier, SA, 5290

www.seacsa.com

info@seacsa.com