

2018 Membership Form

First Na	ame:				Last Name:					
Addres	s:									
Phone:						Mobile:				
Date of	Birth:				only required for Juniors					
Emerge	ency					Emergency				
-	t Name:					et Phone:				
Cams Licence:		Licence Ty			pe:		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		e Type:		Licence E	xp:		
Name:						f Birth:				
						or				
Cams Licence:		Licence			e Type:		Licence E	xp:		
Name:						Date of Birth:		·		
						or				
Cams Licence:		Licence			e Type:		Licence E	xp:		

PO Box 1151, Mount Gambier, SA, 5290						
www.seacsa.com						
info@seacsa.com						