

2018 Membership Form

						-P				
First Na	ame:				Last N	lame:				
Address	s:				1					
Phone:					Mobile:					
Date of	Birth:				only re	only required for Juniors				
Emerge	ency				Emerg	Emergency				
_	Name:				Contact Phone:					
Cams Licence:			Licence Ty		pe:		Licence Exp:			
SEAC Member #					if you have one					
	circle typ	be of men	nbership	required:						
Single	Junior	Family	Family	Conditional	6	Associate	Associate	Affiliate	Single	
		1	2		month	1	2		Event	
\$88.50	\$44	\$99	\$160	\$56	\$53	\$53	\$78.50	\$56	\$25.50	
If apply	ing for f	amily m	embersh	ip, please lis	t other	members c	letails:			
Name:					Date of Birth:					
					if junior					
Cams Licence:				Licence	e Type:		Licence E	xp:		
Name:					Date o	f Birth:		l.		
						or				
Cams Licence:				Licence	e Type:		Licence Exp:			
Name:				·	Date o	f Birth:		<u> </u>		
					if junior					
Cams Licence:				Licence	e Type:		Licence E	xp:		
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