

MEMBERSHIP APPLICATION

LowCountry Paddlers
P.O. Box 13242
Charleston, SC 29422-3242

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

Single: \$15 plus \$30 ACA membership= \$45.

Family: \$21 plus \$40 ACA membership=\$61

ACA Number _____

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:

LowCountry Paddlers
738 Williamson Dr.
Mt. Pleasant, 29464

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 Michael Condon, Treasurer at: rmcondon2@comcast.net