



Rocky Mountain Sea Kayak Club

3305 F West 98th Ave.
Westminster, CO 80031



Membership Application

Yes! I want to join the Rocky Mountain Sea Kayak Club. I understand that I must also join the American Canoe Association as a Paddle America Member, unless I am already a member of the ACA. This entitles me to one full calendar year of membership privileges.

Family Membership	or	Individual Membership	
RMSKC portion (\$10)	\$ _____	RMSKC portion (\$10)	\$ _____
ACA portion (\$40)	\$ _____	ACA portion (\$30)	\$ _____
Total	\$ _____	Total	\$ _____

NOTE! If you are currently a member of the ACA, do not pay the ACA portion.

My American Canoe Association Number _____

ACA Expiration date _____

Name _____ Age _____

Family Members: _____ Relationship _____ Age _____

Family Members: _____ Relationship _____ Age _____

Family Members: _____ Relationship _____ Age _____

Address _____

City/St _____ Zip _____

Home phone # _____ Work phone # _____

E-mail _____

What club activities interest you the most?

- | | | |
|------------------------------------------------|----------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Local Paddling Events | <input type="checkbox"/> Travel | <input type="checkbox"/> Classes |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Regional | <input type="checkbox"/> Social Gatherings |
| <input type="checkbox"/> Day Trips | <input type="checkbox"/> National | <input type="checkbox"/> Slide Shows |
| <input type="checkbox"/> Overnights | <input type="checkbox"/> International | <input type="checkbox"/> Access to Paddling Partners |
| | | <input type="checkbox"/> Other _____ |

Would you be interested in becoming a club officer or assisting in club organization?

- | | | |
|----------------------------------------------------|--------------------------------------------|-------------------|
| <input type="checkbox"/> Preparation of Newsletter | <input type="checkbox"/> Teaching Classes | _____ What Skills |
| <input type="checkbox"/> Contacting New Members | <input type="checkbox"/> Organizing Events | |
| <input type="checkbox"/> Coordinating a Trip | | |

The ACA Release of Liability Waiver must be submitted with this application.
(Can be downloaded on: www.RMSKC.org - **FIND OUT MORE ABOUT RMSKC** page.)

Complete this form. Write checks payable to: RMSKC.
Complete and sign an ACA Release of Liability Waiver for each person.
Send all to: RMSKC, 3305 F West 98th Ave, Westminster, CO 80031