

Space Coast Paddlers, Inc. Membership Application

Name: _____

Address: _____
Street City State Zip

Age: _____ Phone: _____ Cell phone: _____

Email: _____

Emergency Contact: (Please use someone not listed on this application)

Name: _____ Relationship: _____ Phone: _____

Type of Membership: Single: _____ Family: _____ (e.g. mother/father, children under 18 years at same address)

If family membership, please list the names of family members:

1) _____ Age: _____

2) _____ Age: _____

3) _____ Age: _____

Signature: _____ Date: _____

Space Coast Paddlers, Inc. membership includes:
Voting Privileges
Participation in club activities
Club Emails
Club Liability Ins.

Membership Dues: Adults - \$20.00 per year
Children under 18 yrs. – no cost

Mail the following items to the address below:

- 1) This completed application
- 2) Completed Liability waiver for each person listed on the application.

Make check payable to: *Space Coast Paddlers, Inc.*

Mail to: Space Coast Paddlers
5141 Banana Ave.
Cocoa, FL 32926