

APPLICATION FOR MEMBERSHIP



- New Member
- Renewal
- Change of Address

[PLEASE TYPE OR PRINT CLEARLY]

Date: _____ Current ACA Membership # _____ (You must be a current ACA Member)

Owner's First Name _____ Last Name _____

Co-Owner's First Name _____ Last Name _____

Mailing Address _____

[Please print or type clearly the City and State you want on your name tag]

City _____ State ____ Zip _____ Hm Phone _____

Cell Phone #1 _____ Cell Phone #2 _____

Email _____

I (we) own:

- | | |
|---|--|
| <input type="checkbox"/> Heritage Year _____ Length _____ | <input type="checkbox"/> Eagle Year _____ Length _____ |
| <input type="checkbox"/> Tradition Year _____ Length _____ | <input type="checkbox"/> Dream Year _____ Length _____ |
| <input type="checkbox"/> Allegiance Year _____ Length _____ | <input type="checkbox"/> Limited Year _____ |

Are you willing to receive your newsletter by email Yes/No _____ (This will save the chapter costly mailing fees - Thank you)

Dues: First Time Member - **\$20.00** (\$12.00 dues + \$8.00 Initiation Fee)

(Your membership will be good for one year from the month you indicate above.)

Annual Renewal Dues - **\$12.00** payable January 1st (Note if you are paid up for a partial year remit the difference)

\$ _____ TOTAL REMITTANCE

Please complete this form, make check payable to **SEACA** and mail to:

Monty Campbell 8701 Belle Meade Drive, Fort Myers, FL 33908

Membership Term _____ Date Paid _____ Check # _____ Amount \$ _____