



Event Only Membership Application

***MEMBERSHIP TYPE**

EVENT ONLY \$10

***TOTAL** _____

***PAYMENT METHOD (Check One)**

- VISA
- MC
- AMEX
- DISCOVER
- CHECK (payable to USACK)
- CASH
- MONEY ORDER

***CLASSIFICATION
(Check all that apply)**

- ATHLETE
- FAMILY/FRIEND
- OFFICIAL
- CLUB ADMIN
- COACH
- VOLUNTEER
- RACE ORGANIZER
- DONOR

USA C/K NATIONAL OFFICE STAFF

JOSEPH JACOBI
Chief Executive Officer
Ext. 221

GERALD BABAO
Operations & Membership Director
Ext. 225

WILLIAM IRVING
National Teams Director
Ext. 226

MAILING ADDRESS

601 East Boulevard
Charlotte, NC 28203
P 704.348.4330
F 704.348.4418
www.usack.org

***REQUIRED INFORMATION**

*EVENT NAME:

*EVENT LOCATION:

*EVENT DATE(S):

*GENDER: MALE FEMALE

*NAME:

*ADDRESS:

*CITY/STATE/ZIP:

*PHONE HOME/CELL:

*EMAIL:

*DATE OF BIRTH

***INTERESTS (Check all that apply)**

- FLATWATER SPRINT WHITEWATER SLALOM CANOE/KAYAK POLO
- MARATHON WILDWATER CANOE SAILING OUTRIGGER FREESTYLE
- DRAGON BOAT STAND UP PADDLE BOARD (SUP)

*SIGNATURE:

DATE:

CREDIT CARD INFORMATION

*NAME ON CREDIT CARD:

*CREDIT CARD #:

*EXP DATE:

*SECURITY CODE:

TOTAL TO BE CHARGED ON CREDIT CARD:

This form must be completed with USACK Waiver & Release of Liability form.