



2009 Event Only Membership Application

***MEMBERSHIP TYPE (Check One)**

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

USACK STAFF

DAVID YARBOROUGH
Executive Director
Ext. 221

GERALD BABAO
Development & Membership Director
Ext. 225

STACEY HEPP
Marketing Director
Ext. 223

MAILING ADDRESS

330 S. Tryon Street, Lower Level
Charlotte, NC 28202
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

CREDIT CARD INFORMATION

*NAME ON CREDIT CARD:

*CREDIT CARD #:

*EXP DATE:

*SECURITY CODE:

TOTAL TO BE CHARGED ON CREDIT CARD:

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

FLATWATER SPRINT WHITEWATER SLALOM CANOE/KAYAK POLO

MARATHON WILDWATER CANOE SAILING OUTRIGGER FREESTYLE

DRAGON BOAT

*SIGNATURE:

DATE:

USACK WAIVER & RELEASE OF LIABILITY MUST ALSO BE COMPLETED FOR PROCESSING.