



## Membership Application

Name \_\_\_\_\_  
 First Middle Last

Address \_\_\_\_\_  
 Street, Route or Box Number City State Zipcode

Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

County \_\_\_\_\_ Club \_\_\_\_\_

Year joined ECA \_\_\_\_\_

Special Interests or Abilities:

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Choose Membership Option: \$10.00 per year plus county dues

**Member**

An individual who participates in activities through a club or county council

**Associate Member**

An individual who is not a member of a local club but enjoys an association with ECA through receipt of educational material and newsletter, participates in selected activities without holding office and is without vote.

Age (Optional):

Under 18     18-25     26-35     36-45     46-55     56-65     over 65