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:

_____

_____

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