



Adobe Whitewater Club Membership Application

EMAIL: info@adobeww.com

WEBSITE: <http://www.adobeww.com>



Yes, I want to join the Adobe Whitewater Club of New Mexico (or renew my membership).

The purpose of the Paddle America Club program is to promote joint membership in your local club (AWC) and the ACA. This provides you with a paddling presence both in New Mexico and nationally. We suggest you also join the ACA, but it is only required if you participate in club sponsored and ACA insured events. ACA Paddle America membership rates are discounted through this program and as a member of the AWC, you are eligible for the discounted rates.

To join, please print and fill out this form completely. Checks should be made out to AWC, you may also pay via paypal. Mail the completed application with your check or money order or a note "paid via paypal" to:

Adobe Whitewater Club of New Mexico
P.O. Box 3835
Albuquerque, NM 87190-3835

AWC membership dues are prorated based on the month you join:

Pricing is the
same for Indi-
vidual or Family
Memberships

If you join in **March, April or May**, you pay..... \$15 ☐
If you join in **June, July or August**, you pay..... \$11 ☐
If you join in **September, October or November**, you pay..... \$ 7 ☐
If you join in **December, January or February**, you pay..... \$ 3 ☐

☐ New Membership

☐ Renewal

Amount paying for AWC membership:

Individual Memberships: Please fill out SECTION 1 completely. **Family Memberships:** Also please fill out SECTION 2

SECTION 1: Please Print

Full Legal Name:		Date:
Mailing Address:		Please check here if you want Kirtland Air Force Base access for pool sessions. You will receive an email and required forms from our pool coordinators. <input type="checkbox"/>
City, State, Zip:		
Home Phone:	Mobile Phone:	Please exclude me from the AWC membership directory. <input type="checkbox"/>
Primary Email:	2nd Email:	
Family Membership: <input type="checkbox"/> (please provide family member info below) Individual Membership: <input type="checkbox"/>		Please exclude me from the AWC listserve. <input type="checkbox"/>
Craft (check all that apply): Kayak <input type="checkbox"/> Raft <input type="checkbox"/> Canoe <input type="checkbox"/> Sea Kayak <input type="checkbox"/> SUP <input type="checkbox"/> Other <input type="checkbox"/> _____		

SECTION 2: Please Print

Family Memberships: Please provide the following information for all additional members of the household to be included as an AWC member.

Full Legal Name	Age 14 or younger (checkmark)	Primary Craft

Benefits include clinics, meetings, pool practices, list serve, boating forum, input on boating issues, retailer gear discounts, rental equipment, library of videos/books, instructors available to work with members, networking for trips and advice