



# NORTHERN CALIFORNIA CHAPTER OF THE AMERICAN COACH ASSOCIATION

## NorCal ACA - Chapter Membership Application

### Instructions

- *To join the NorCal chapter of the ACA, you must first be a member of ACA National.*
- The NorCal chapter membership term is July - June, though you may join our chapter at any time.
- Complete all items in the *Membership Information Form* section on the next page and mail the completed form with a check to:

Terry Bennett, NorCal ACA Treasurer  
 1970 N. Leslie St. PMB 334  
 Pahrump, NV 89060

**Please make check payable to: NorCal ACA**

- How to determine check amount:
  - Initiation Fee: \$5 (one-time fee for new members)
  - Annual Dues: \$12 (prorated for NorCal membership term)
  - Since you may join our chapter at any time during the membership year, your NorCal membership fee is prorated as indicated below. Please pay the amount shown below when joining in the indicated months: (**Note: Amounts shown include the initiation fee**)

|          |        |           |               |
|----------|--------|-----------|---------------|
| January  | → \$11 | July      | → <b>\$17</b> |
| February | → \$10 | August    | → \$16        |
| March    | → \$9  | September | → \$15        |
| April    | → \$8  | October   | → \$14        |
| May      | → \$7  | November  | → \$13        |
| June     | → \$6  | December  | → \$12        |

- You may also join for multiple years. Simply add \$12 to your check amount for each year beyond the initial year that you wish to remain a member of the NorCal chapter. (e.g. If joining in March, you'd pay \$21 to become a new member for the remainder of the current membership year and remain a member for the next membership year.)

The NorCal membership roster indicates the membership expiration for each NorCal member, so it is easy to keep track of your membership expiration date. You will receive a renewal notice when your current membership is about to expire.



## NorCal ACA - Chapter Membership Application Form

### Member Information

|                                 |  |
|---------------------------------|--|
| <b>ACA Number</b>               |  |
| <b>Member #1 Name</b>           |  |
| <b>Member #2 Name</b>           |  |
| <b>Mailing Address</b>          |  |
| <b>Home Phone</b>               |  |
| <b>Member #1 Cell Phone</b>     |  |
| <b>Member #2 Cell Phone</b>     |  |
| <b>Member #1 E-mail Address</b> |  |
| <b>Member #2 E-mail Address</b> |  |

### Payment Information

|                     |  |
|---------------------|--|
| <b>Check Number</b> |  |
| <b>Check Amount</b> |  |

### Mail Application Form and Check to:

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