

PAC Contact Information Form

Please list Paddle America Club Information for ACA Website Use

Name of PAC: _____

PAC Address: _____

PAC City, State, Zip: _____

Day Phone: _____

PAC Email: _____

PAC Website: _____

Additional PAC Info: _____

Please list Paddle America Club Contact Information for ACA Database and Mailing Purposes:

Name of PAC Contact: _____

PAC Contact Address: _____

PAC Contact City, State, Zip: _____

PAC Contact Day Phone: _____

PAC Contact Email: _____

PAC Contact ACA Member Number: _____

Additional PAC Info: _____

Please return this form with signed PAC Agreement so that we may update our membership database.

THANK YOU!