

SKABC Membership Registration Form

___ Individual Membership (\$45) or ___ Family Membership (\$55)

Please send this form and cheque payable to SKABC to:

Sea Kayak Association of BC, Box 751, Postal Station A, Vancouver, BC V6C 2N6

*First Name **

*Last Name **

*List your family members who will be a part of your family membership in SKABC. (Family members must be living at the same address). **

*Phone Number **

2nd Phone Number

*Street Address **

*City, Province, Postal Code **

*Email Address **