



## Club Application

Date \_\_\_\_\_

Club Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_

Email Address (required) \_\_\_\_\_

The Club shall pay an annual sanctioning fee of \$265.00 (\$200 for CURRENT member) to EXCA

*I have read the EXCA Rulebook and agree to follow all EXCA rules. I understand the requirements of EXCA and agree to comply fully with EXCA requirements. I hereby agree to support and enforce the EXCA rules as set forth in the current EXCA Rulebook.*

\_\_\_\_\_  
*Signed*

\_\_\_\_\_  
*Date*

*Send check to:*

*EXCA*

*PO Box 50*

*Bluff Dale, TX 76433*