

National Association of Automobile Clubs of Canada



NAACC MEMBERSHIP FORM --2018

CLUB NAME:

MAILING ADDRESS:

CLUB EMAIL:

• Club – Contact Name: _____ Club position: _____

• Phone Number: _____

• Address: _____

• Contact EMAIL: _____

CLUB WEBSITE ADDRESS (URL):

• Please link our club website to the NAACC website: YES / NO (circle)

NUMBER OF MEMBERS: _____ DUES: \$5.00 PER MEMBER PER YEAR

• Membership fees are based on the number of your members as of December 31 of the previous year. This will be the number of membership cards sent to you.

LIABILITY INSURANCE is available at \$5.00 per member OR (*minimum* \$500.00 per club) for \$3,000,000 coverage or \$6.00 per member OR (*minimum* \$600.00 per club) for \$5,000,000 coverage.

• Insurance details may be obtained through NAACC President, John Carlson. carlson44@shaw.ca or 604-931-5948 PST

• Does your club carry insurance that protects your members and executive? Yes No

*****Please forward this form with your dues remittance to*****

Bob Ford Membership Chairperson, NAACC

20 Firgreen Avenue Mount Pearl NF

A1N 1T7