

National Association of Automobile Clubs of Canada

NAACC MEMBERSHIP FORM 2024 -2025

CLUB NAME: _____

MAILING ADDRESS: _____

CLUB EMAIL: _____

Club Contact Name: _____ Position: _____

Phone Number: _____ Cell: _____

Address: _____

Contact EMAIL: _____

CLUB WEBSITE ADDRESS (URL): _____

Please link our club website to the NAACC website: _____ YES _____ NO

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

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

PLEASE FORWARD THIS FORM WITH YOUR DUES TO:

Steve Harris, Vice President
PO Box 104
Caron, SK
S0H 0R0

Or e-transfer to: SASKAACC@gmail.com

E-Transfer: _____ YES _____ NO