

South East Clown Association Alley Membership Application

Please Print Clearly

Affiliated Alleys will receive:

- *A Certificate of Affiliation*
- *Listing on SECA Social Media and Website*
- *An incentive for Alley Members - \$5.00 off the full Convention Registration Price for each member (when four or more paid applications are submitted together.)*

Alley Name _____

President/Contact (Name, email, and Phone Number: _____

Address _____

City, State, Zip Code _____

Alley Affiliation Dues: \$25 Amount Paid \$ _____

Credit Card Number _____

Expiration Date _____ CCV # _____

SECA Alley Membership year is from January 1st to December 31st

Make Checks Payable to: SECA

Mail to: Jerry M Gill, SECA Treasurer, 1492 Goldrush Ave, Melbourne, FL 32940

OR renew on-line at: <https://south-east-clown-association.square.site>

South East Clown Association Alley Membership Receipt

Received from: _____

Amount: \$ _____

Cash: _____ Check: # _____ Credit Card: _____

Received by: _____