

South East Clown Association

Membership Application

Please Print Clearly

Name _____ Clown Name _____

Alley Affiliation _____

Is Your Alley a SECA Affiliated Member YES NO

Address _____

City, State, Zip Code _____

Phone Home () _____ Cell () _____

Email _____

Individual Member _____ \$15 Each \$ _____

Additional Family member (name) _____ \$7.50 \$ _____

Total Amount Due \$ _____

Credit Card Number _____

Expiration Date _____ CCV # _____

Your SECA 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 Membership Receipt

Received from: _____

Amount: \$ _____

Cash: _____ Check: # _____ Credit Card: _____

Received by: _____