

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: Wendy Sunberg 2756 Cutters Corner, The Villages, Fl. 32162

South East Clown Association Membership Receipt

Received from: _____

Amount: \$ _____

Cash: _____ Check: # _____ Credit Card: _____

Received by: _____