

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

South East Clown Association Alley Membership Receipt

Received from: _____

Amount: \$ _____

Cash: _____ Check: # _____ Credit Card: _____

Received by: _____