



# 2012 ACA CLUB APPLICATION

Club Membership Fee \$ 95

NAME OF CLUB \_\_\_\_\_ ACA Club Number \_\_\_\_\_

USAC Club Number \_\_\_\_\_

TEAM NAME \_\_\_\_\_

(Team Name – no more than 33 characters- will be reflected on both licenses and results)

TEAM WEBSITE \_\_\_\_\_

TEAM EMAIL \_\_\_\_\_

CONTACT PERSON FOR CLUB \_\_\_\_\_ ACA Membership # \_\_\_\_\_

(This person will be listed on the ACA website and will receive ACA club mailings , unless otherwise noted)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DAY # \_\_\_\_\_ EVENING # \_\_\_\_\_ CELL # \_\_\_\_\_

EMAIL \_\_\_\_\_

CLUB PRESIDENT \_\_\_\_\_ ACA Membership # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DAY # \_\_\_\_\_ EVENING # \_\_\_\_\_ CELL # \_\_\_\_\_

EMAIL \_\_\_\_\_

**(CONTACT AND CLUB PRESIDENT MUST BE ACA MEMBERS FOR APPLICATION TO BE ACCEPTED)**

RACE(S) PROMOTED IN 2011 \_\_\_\_\_

RACE PROMOTION(S) FOR 2012 \_\_\_\_\_

NUMBER OF RIDERS IN THE CLUB \_\_\_\_\_

PRIMARY CLUB FOCUS (if different from last year)

---

---

---

---

Please send completed application along with appropriate fee to:

ACA

c/o Yvonne van Gent

1135A South Oneida, Denver, CO. 80224

Phone 303-757-1892 Fax 303-600-9550

YOU MUST BE A **USAC CLUB** TO BECOME AN ACA CLUB