

Use for Renewal- or if a New Member



Membership Application & Dues Renewal-

Please complete this form and mail with your check in US funds to:
American Coach Renewals-

Select one: New Member Current Member - ACA# _____ or, Previous ACA member # _____
Select one: Application for new membership Dues Renewal or, Reactivate my membership

Please type or print clearly- Note: If you are a New Member, the National Directory & your ACA badge will read exactly as listed.

Owner's Name first last

Co-Owner's Name first last

Mailing Info: address & street city state country zip

Phone: home cell email address (important!!!)

I/We own: Heritage Eagle Dream Revolution Tradition Allegiance Limited (circle model) Year of coach: _____

Select one: New or reactivated membership - \$55 first year only (\$45 annual dues plus \$10 badge fee)
 Annual Dues Renewal - \$45/year - X number of years _____ - Total funds enclosed: _____ Check # _____

Mail your completed membership application or dues renewal to:

American Coach Association – P O Box 2428 #24502 Pensacola, FL 32513

Should you need to contact membership services directly- call: 501-858-9564

Or- send an email to membership@myamericancoach.com

Cut and mail separately -Use the portion below for Regional Membership Applications Only-

Complete the portion below- send it to the chapter you wish to join, along with any required initiation fees to the regional chapter you wish to join- Chapter Contact and mailing information is listed under the "officers" tab on this website-

Please understand that you may join as many regional chapters as you wish- however, you must be a member in good standing with the American Coach Association- in order to join a regional chapter.

Owner's Name first last

Co-Owner's Name first last

Mailing Info: address & street city state country zip

Phone: home cell email address (important!!!)

Please check the chapter you wish to join:

Great Lakes Happy Wanderers MacPack Missouri Valley Southwest Southeast

NorCal/Northwest Northeast Southern California South Central

Our ACA# _____ **My check for: \$** _____ **is enclosed. Check number:** _____