



East Coast Timing Association

2017 Membership

Your membership dues cover you for 2017 and provides you with one copy of our rule book.

Please print clearly.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Email Address: _____

I would like to become a member for 2017.

January through December for \$50.00

July through December for \$25.00

Life membership for \$500.00

I would like ____ extra copies of the ECTA rule book @ \$10.00 per copy.

To pay by credit card, either mail to address below, fax to 888-413-3171 or email to ectamembership@hotmail.com.

VISA MasterCard Discover AMEX

Credit card holder: _____ Billing Address Zip Code: _____

Credit card no: _____ Expiration: ____/____ CSV #: _____*

*Three digit number on back of card by signature line. On AMEX, embossed four digits located on front.

Please make checks payable to: ECTA

Mail to: ECTA
 380 Lincoln Street
 Abington, MA 02351

ECTA USE ONLY
Amount Paid: \$ _____
Date Received: _____
<input type="checkbox"/> Check
<input type="checkbox"/> Cash
<input type="checkbox"/> Credit Card

East Coast Timing Association Medical Information Form

This form is to be updated annually

Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Medical Insurance Company(s): _____

ID Number(s): _____ Phone Number: _____

Emergency Contacts: #1 _____ Phone No.: _____

#2 _____ Phone No.: _____

Date of last physical exam: _____

Significant medical history: (check those that apply)

Contact lenses

Seizure disorder

Diabetes

Asthma/respiratory problems

Heart disease

Blood problems (anemia, clotting difficulties)

Pacemaker

Musculoskeletal problems

Arrhythmia

Malignancy

Head injuries

other _____

High blood pressure

Past surgical history: _____

Prescription medications: _____

Allergies to medications: _____

Emergency Authorization: *In case of emergency wherein I am incapable of giving consent due to illness or injury, I hereby authorize the East Coast Timing Assoc. to share this information with any qualified person and for those individuals to administer first aid and/or other necessary treatment. Further, I authorize any licensed surgeon to perform surgery, if two (2) physicians qualified to make such judgment agree upon the need for surgery.*

Signed: _____ Date: _____