



East Coast Timing Association
2018 Membership

Membership dues provide you with one copy of the rule book.

Please print clearly.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Email Address: _____



[] January through December: \$55.00



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



To pay by credit card, either mail to address below, or email to ecta.cj@gmail.com

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Please make checks payable to: ECTA, LLC

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East Coast Timing Association
2018 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: _____