



World Clown Association, Inc.



Alley Membership Form 2009-2010

To form a World Clown Association Alley, at least five (5) of your Alley members **must** be **current members** of WCA. Alley membership is for a 12 month period beginning **May 1, 2009 to April 30, 2010**. Each new WCA Alley will receive an Alley Charter, a copy of the WCA Makeup Video, a copy of Strutter's Complete Guide to Makeup, a 1 year subscription to "Clowning Around" Magazine, an Alley Membership card and more.

Check one: **New Alley Charter Application – \$35.00 (USD)**
 Alley Renewal – \$30.00 (USD)
 Lifetime Alley – one time fee of \$100.00 (USD)



Alleys must be a WCA Alley for 1 year to become a Lifetime Alley. Alley renewal paperwork **must be** filed with the Business Manager **every year**. Lifetime Alleys **must** file an update of information **every year**.

Please Print Legibly

WCA Alley Number (if renewing) _____ Alley Name _____

2nd Choice for Alley Name (if new Alley) _____

Alley Contact Name _____ Phone: _____

Address (complete) _____

Email address: _____

2nd Contact Person with Name, Phone, Address (complete) & email: _____

Alley Website Address: _____

Current Officers: Name and WCA number (if known)

President: _____ WCA #: _____

Vice President: _____ WCA #: _____

Secretary: _____ WCA #: _____

Treasurer: _____ WCA #: _____

Other Officer: _____ WCA #: _____



Members: Name and WCA number (if known):

Name: _____ WCA #: _____

Name: _____ WCA #: _____

Name: _____ WCA #: _____

Name: _____ WCA #: _____

Name: _____ WCA #: _____

(Please list additional members on a separate sheet.)

World Clown Association Charter Oath

We, the undersigned, agree to support and promote the ancient art of clowning and to uphold all rules, regulations, and By-laws of the World Clown Association. We understand that all financial reports, records, and all legal matters are the responsibility of our Alley.

Date: _____

Officers' Signatures:

President: _____ Secretary: _____

Vice President: _____ Treasurer: _____

Enclosed: Amount: \$ _____ Check # _____ or Visa/MC # _____

Exp. Date of card: _____ Signature of cardholder: _____

Please send form and payment to:

World Clown Association, Inc.
PO Box 12215
Merrillville, IN 46411
FAX: (866) 686-7716

Questions? Contact:

WCA Business Office (OR)
(800)336-7922
(219)487-5317
wca_manager@att.net

Alley Director:
Ed Estrin
(858)450-1533
lomaxwca@gmail.com

