



Membership Application

First Name: _____ Last Name: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile _____ Work: _____

PERSONAL INFORMATION:

Gender: _____

Birthdate: _____

Emergency Contact First and Last Name: _____

Home Phone: _____ Mobile: _____ Work: _____

QUALIFICATIONS:

Swim Test on File: _____ Date _____

USRA#: _____ Waiver Signed: Y/N _____

Rowing Experience: _____

Other Rowing Affiliations: _____

Captain's Test: Y/N _____ Date: _____ Tester: _____

OTHER INTEREST:

Rack Space Required: Y/N _____

Log Book Sculling: Y/N _____

Program Participation: _____ Youth: _____ Sweep: _____ Sculling: _____

Are you interested in serving on a committee?: Y/N _____

Sign: _____ Date: _____

Parent Signature if under 18: _____