

2008 MEMBERSHIP APPLICATION *

Name: _____

Address: _____

City: _____ State: _____ Zip _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Gender: Male Female

Best Way to Contact: Home Phone Cell Phone E-mail Snail Mail

Other Rowing Affiliation(s): _____

I ACKNOWLEDGE, agree and represent that I understand the nature of rowing activities, both on the water and on land, and that I am in good health and in proper physical condition to participate in all rowing activities. I am able to swim at least 100 yards and float for 5 minutes. I hold harmless the Killer Bees Rowing Club, its members, sponsors & all boat house facilities and owners with which this Club may be associated or have agreements with to store and house its rowing equipment.

Date Application Completed: _____

Member Signature: _____

(Parent/Guardian Signature and Date if Minor Member {< 18 years old}):

_____ Relationship _____

Membership Categories*

Regular: \$200

Date Paid: _____ *Amount* _____ *Cash* _____ *Check #* _____

Other: 2008 fees (if any) determined by majority vote of Members until such time as bylaws are further developed.

(Explanation) _____

*** Membership entitles the member to: open row sessions; row and race as a member of the Killer Bees Rowing Club; participate in club events; and be part of the voting and planning processes inherent in new club development.**

There will be additional fees for specific rowing programs, coaching, racing, etc.

Date Application Received _____ *Date Application Processed* _____ *Waiver Signed /Date Received* _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone or Other Method of Emergency Contact: _____

We would appreciate it if you would let your contact know that you are involved in rowing with the Killer Bees Rowing Club.

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Please describe your sweep and/or sculling experience.

SWEEP: No experience Novice Intermediate Experienced

Preference: Starboard Port No Preference Coxswain

Additional remarks:

SCULLING No experience Novice Intermediate Experienced

Additional remarks:

Date Application Received _____ Date Application Processed _____ Waiver Signed /Date Received _____