

Willamette Rowing Club

Membership Form

Member Information	
Name: _____	USRA # _____ Expires: _____
Address: _____	
Home # _____	Work # _____ Cell # _____ Fax # _____
Email Address: _____	
Date of Birth: _____	Gender: _____
Emergency Contact: _____	Phone # _____

<u>Membership Categories</u>	<u>Dues Frequency Permitted</u>
Regular (\$660)	Annual or Semi-Annual
Family/Partners (\$660 + \$220 per)	Annual or Semi-Annual
Under age 27-first year only (\$330)	Annual or Semi-Annual
Associate/Non-Resident(\$225)	Annual Only
Trial or Summer (\$70 per month)	One time

Membership Category Selected: _____

If Family/Partner membership, partners name: _____

Dues: _____ Dues Frequency: _____ Amount Paid: _____

Dues must be paid by February 15 in order for membership to be considered in good standing when paying on an annual or semi-annual basis.

If Family/Partner membership, both partners should complete separate Member Information section.

Willamette Rowing Club P.O. Box 82554, Portland 97202

I attest I can swim adequately.

Signature and date: _____

List of shells owned – and with which company they are insured by: