



**MEMBERSHIP
2021**

Name _____ Age _____ Birth date _____

Street Address _____ City _____

State _____ Zip _____

Cell Phone _____ Email Address _____

Medical Conditions _____

Medications _____

I do not suffer from any medical conditions that limit my ability to row.

Signature _____ Date _____

Fees: Full Membership \$1000 first year

Returning members \$850 yearly

Family Add on Membership \$425 yearly

College Membership \$400

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