



**MEMBERSHIP
2025**

First Name _____ Middle Name _____

Last Name _____ Age _____ Birthdate _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell phone _____

Email _____

Fees: Full Membership \$900 +\$150 initiation the first year.
Returning Members \$900 yearly.
College Membership \$450 yearly.

I confirm that I can swim 100 feet in light clothing. Yes/No

Signature _____

I confirm that I don't suffer from any health issues that would prevent me from rowing.

Signature _____

PAYMENT (Check or Cash) This is nonrefundable, payable to GMS Rowing Center.

Mailing Address: PO Box 1647 New Milford, CT 06776
Boathouse: 172 Grove St. New Milford, CT 06776
860-350-4004 www.gmsrow.com