

# St. Catharines Rowing Alumni Association

295 MAIN STREET  
ST. CATHARINES, ONTARIO  
L2N 4V9

## MEMBERSHIP APPLICATION

(Note this form can be downloaded and opened in Adobe Reader to complete or simply print the page and enter your information legibly)

"For the  
Betterment  
of Rowing"



Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ Unit/Apt: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ D.O.B.: D \_\_\_\_\_ M \_\_\_\_\_ Yr \_\_\_\_\_

Phone No. Home ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_

Email: (for newsletter) \_\_\_\_\_ @ \_\_\_\_\_

## **ROWING AFFILIATION**

Club: \_\_\_\_\_ Active Date: \_\_\_\_\_

Capacity: Sweep Oarsperson ( ) Sculler ( ) Rec Row: SOCIAL ( )

Coxswain ( ) Coach ( ) NONE: SOCIAL ( )

Other: ( ) \_\_\_\_\_

\*\*\*\*\* (Print and add signatures below) \*\*\*\*\*

\_\_\_\_\_  
(Applicant's Signature) Date: \_\_\_\_\_

Proposed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Member's Signature)

Comments:  
.....

**NOTE: Membership fees are due annually.** Meetings are second Friday/month.

SCRAA

Attendance	Card /Membership List	Board
President/Exec:	Fees Paid \$	Date: