


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: