

MEMBERSHIP APPLICATION FOR THE WHITE ROCK BOATHOUSE, INC.

I hereby submit the following information to the Membership Committee of the WHITE ROCKBOATHOUSE, INC. for the purpose of being accepted as a member on the following basis:

(CHECK ONE):

REGULAR__FAMILY__ (spouse, and all children under age 18, submit separate application for each family member)

NAME_____

DATE OF BIRTH: ____/____/____ SEX: M__F__

MAILING ADDRESS:_____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) - _____ - _____ CELL PHONE: (____) _____ - _____

EMAIL:_____

EMERGENCY CONTACT: NAME &

NUMBER_____

PREVIOUS ROWING

EXPERIENCE:_____

DESCRIBE YOUR CURRENT SWIMMING

ABILITY:_____

DESCRIBE YOUR LEVEL OF EXERCISE ACTIVITY DURING THE PAST 12

MONTHS: _____

DESCRIBE ANY PHYSICAL IMPAIRMENT THAT YOU MIGHT HAVE:

ARE YOU ON ANY SPECIAL MEDICATION? (Describe and give name & address of your physician):

GIVE ANY ADDITIONAL INFORMATION THAT YOU FEEL IS PERTINENT TO THIS APPLICATION. PLEASE INDICATE USEFUL SKILLS OR SPECIAL INTERESTS: Add a sheet if needed

NAME OF WRBH, INC. MEMBER THAT PROVIDED YOUR ROWING CHECKOUT.

I hereby apply for membership to the WHITE ROCK BOATHOUSE, INC. and submit the above information as a matter of record concerning my membership. I agree to abide and comply fully with the By-Laws of the Corporation and any and all rules and regulations imposed on Corporation members. I understand that membership is on an annual basis in accordance with the current membership policies and I submit with this application my check#_____ in the amount of \$_____ as payment for membership dues.

I understand that my membership begins upon acceptance of it by the Membership Committee of the WHITE ROCKBOATHOUSE, INC. Access to the Corporation's facility and use of equipment is limited to current dues-paying members only. I agree to pay the dues, assessments, rents and other legitimate charges to my account within 10 days of notice of charges.

SIGNATURE: _____

PRINT
NAME: _____

DATE: _____