

NAME:		
CITY:	STATE:	ZIP CODE:
CELL PHONE:		
EMAIL ADDRESS: _		
BIRTH DATE:		
USRA # (IF APPLICABLE):		EXPIRATION DATE:
EMERGENCY CONTA	ACT:	
NAME:		
ROWS (CHECK ALL AP	PLICABLE): STARBOARD	_ PORT SCULL COX
MEMBERSHIP CATEGORIES		DUES
INDIVIDUAL		\$325
STUDENT		\$175
FAMILY		\$ 550
LEARN TO ROW		\$100 (CREDITED TO FIRST SEASON DUES)
BOAT STORAGE		\$150/BOAT (MEMBERSHIP REQUIRED)
TOTAL		\$
MAIL APPLICATION(S	S) WITH CHECK PAYABLE T	O FOX VALLEY ROWING CLUB TO:
	FOX VALLEY RO	
	3207 N. DURKEE	
	APPLETON, WI 5	4911
THESE RULES COULD RITHREE (3) HOURS OF	ESULT IN SUSPENSION OR TER VOLUNTEERING EACH CALEN	RULES OF THE RIVER. I UNDERSTAND THAT FAILURE TO FOLLOW MINATION OF MY MEMBERSHIP. I ALSO AGREE TO A MINIMUM OF IDAR YEAR FOR CLUB ACTIVITIES SUCH AS LEARN-TO-ROW, ITEST THAT IHAVE WATCHED THE US ROWING SAFETY VIDEO.
SIGNED:		DATE:

PLEASE READ, SIGN AND INCLUDE A COPY OF THE WAIVER THAT ACCOMPANIES THIS

28833791.1

APPLICATION.