



FOX VALLEY ROWING CLUB 2022 MEMBERSHIP APPLICATION

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
CELL PHONE: _____
EMAIL ADDRESS: _____
BIRTH DATE: _____
USRA # (IF APPLICABLE): _____ EXPIRATION DATE: _____

EMERGENCY CONTACT:

NAME: _____
PHONE: _____

ROWS (CHECK ALL APPLICABLE): STARBOARD ___ PORT ___ SCULL ___ COX ___

<u>MEMBERSHIP CATEGORIES</u>	<u>DUES</u>
INDIVIDUAL	\$250
STUDENT	\$175
FAMILY	\$420
LEARN TO ROW	\$100 (CREDITED TO FIRST SEASON DUES)
BOAT STORAGE	\$150/BOAT (MEMBERSHIP REQUIRED)
TOTAL	\$ _____

MAIL APPLICATION(S) WITH CHECK PAYABLE TO FOX VALLEY ROWING CLUB TO:

FOX VALLEY ROWING CLUB
C/O KATHY HEAD
3616 N. RACINE STREET
APPLETON, WI 54911

I HAVE READ AND AGREED TO FOLLOW THE ATTACHED RULES OF THE RIVER. I UNDERSTAND THAT FAILURE TO FOLLOW THESE RULES COULD RESULT IN SUSPENSION OR TERMINATION OF MY MEMBERSHIP. I ALSO AGREE TO A MINIMUM OF THREE (3) HOURS OF VOLUNTEERING EACH CALENDAR YEAR FOR CLUB ACTIVITIES SUCH AS LEARN-TO-ROW, BOATHOUSE MAINTENANCE, REGATTAS, ETC. I ALSO ATTEST THAT I HAVE WATCHED THE [US ROWING SAFETY VIDEO](#).

SIGNED: _____ DATE: _____

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