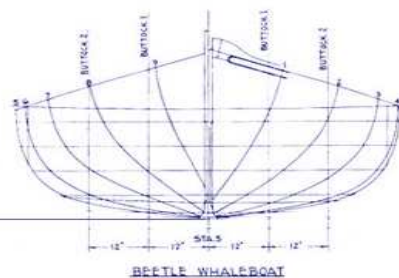


# BUZZARDS BAY ROWING CLUB

PO BOX 86 ◊ FAIRHAVEN, MA 02719 ◊



Please complete all sections of the applications. Also **sign the waiver on the reverse side**. Make checks payable to the Buzzards Bay Rowing Club. **Mail** application and signed wavier and check to the above address.

If you have any questions please leave a voice mail message at: 580-961-5955 or visit the web site at [www.buzzardsbayrowing.org](http://www.buzzardsbayrowing.org) and send an e-mail. Messages are retrieved regularly and responses are usually given within 48 hours.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Family Members: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Membership Category:** Memberships run April 1<sup>st</sup> to March 31<sup>st</sup> - After October 1<sup>st</sup>- Individual and Family Membership decreases by 50%. Associate memberships remain the same.

**Memberships are nonrefundable and non transferable.**

Individual Membership (\$100.00)

Additional family member reduction of 25% first family member 50% for all others)

Associate (does not decrease after Oct 1<sup>st</sup>) (\$25.00)

Coxswain – **FREE** for all **non-rowing** coxswains but **please complete both sides of form**

High School Club (\$50.00)

I would like to make a tax deductible donation to the BBRC in the amount of \$ \_\_\_\_\_

**New members joining after Feb 1<sup>st</sup> at the full rate will get Feb and Mar free.**

I would like to pick up extra rows

Yes

No

I would like to learn to boatsteer

Yes

No

I can boatsteer for other teams

Yes

No

Check this box only if you wish **not to share** your information with club members.

**Please sign the back of this form and by doing so you agree to abide by the BBRC Rules and Regulations.**