

# Application for Membership

Please Print

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Online (e-mail) Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_



## Membership Dues      1 yr

*Please circle your selection*

- Junior Crew                      \$100
- Under 27                         \$125
- Individual                        \$175
- Senior – 62 and over         \$125
- Family                            \$250
- Coxswain                         \$50

## Boat Storage Fee Per Boat

*Please circle your selection*

- Per Year                         \$105
- Per Month                       \$15

*Private boat storage must be approved by the BCRC Board and is limited to members only.*

*Membership is from April 1, to March 31. Rates are reduced 50% after August 1.*

## Membership Categories

**Junior Crew** – Members of high school rowing crew.

**Under 27** – Adults not yet 27, and will not turn 27 during the club year

**Individual** – Adults age 27 or older.

**Senior** – Age 62 and over.

**Family** – Individuals residing at the same principle residence of any family unit. Voting and elective privileges based on age.

**Coxswain** – Individuals who are not interested or who unable to row but would like to participate as a coxswain. Voting and elective privileges based on age.

**Enclosed is my check made payable to the BCRC, Inc. for (total fees) \$ \_\_\_\_\_**

**Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_**

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**In addition, please complete and sign the USRA & BCRC Release of Liability**

Mail application and payment to address shown at bottom. No cash please.

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## **Parent/Guardian of Athletes under the age of 18**

If the athlete is under the age of 18, a parent or legal guardian must also sign the USRA release of liability (reverse side – Parental Consent) and agree to the following statement:

*This is to certify that as a parent/guardian of this participant, I do consent to his/her release of liability as set forth with this application.*

**Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_**

**Bay City Rowing Club ♦ P.O. Box 1144 ♦ Bay City, Michigan ♦ 48706-1144 ♦ (989) 892-5769**