The St. Catharines Rowing Alumni Association

295 Main Street, St. Catharines, ON CA L2N 4V9

MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY

Name: _____ Spouse: _____

Address: _____ Unit/Apt: _____

City: _____ Province: _____

Postal Code: _____ D.O.B.: M _____ D_____ Y _____

Phone: Home ( ) _____ Cell ( ) _____

Email: (for newsletter) PRINT CLEARLY _____

ROWING AFFILIATION:

Club: _____ Active Date: _____

Capacity: ( ) Sweep Oarsperson ( ) Sculler ( ) Rec Row
( ) Coach ( ) Coxswain ( ) Other

NOTE: ***Membership fees of $25. are due annually*. (January)**

Meetings are the second Friday/month. (weather permitting) Newsletters will be emailed to members. Members are *encouraged* to attend meetings, volunteer your time and participate in club activities to keep your membership "*In Good Standing*".

If mailing, and paying by cheque, make payable to: SCRAA, and send application & cheque to:
295 Main St., St. Catharines, ON L2N 4V9
We accept cash, cheque, credit/debit card (on site), or etransfer to **scraa01@gmail.com** **(zero one)**

Applicants Signature: _____

Proposed by: _____ Date: _____
(Alumni Member's Signature)

SCRAA use: Rev. Dec 2024

Attendance / Membership List / Card / Email / Receipt#		
President/Exec Approval:	Fees Paid: $25. _____ eTransfer _____ Cheque#_____ Cash ___ Debit ___ Credit___ Received by: _____	Date: