

Island Rowing Association Membership Application



Personal Information

Last name: _____ First name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

e-mail address: _____

Rowing Experience

Are you a member of USRA: Yes _____ No _____ Member No. _____ Exp. _____

Primary rowing goal or intent: Recreation _____ Fitness _____ Competition _____

Rowing experience: Scull _____ Sweep _____ Port _____ Starboard _____

Competitive experience: H.S. _____ College _____ Open _____ Masters _____ None _____

Health and Emergency Information

Emergency contact: Last name: _____ First name: _____

Phone: _____ Relationship: _____

Membership Categories

Annual IRA Individual Membership \$35.00 (Jan.-Dec.)

Annual IRA Family Membership \$60.00 (Jan.-Dec.)

Total payment enclosed \$ _____ Date: _____
(mm/dd/yy)

Please send to: **Island Rowing Association**
P.O. Box 1477
Freeland, Washington 98249