

**HALIFAX ROWING ASSOCIATION**  
**P.O. Box 1645 – Daytona Beach, FL 32115-1645 – (386) 248-0502**  
**MEMBERSHIP APPLICATION**

Mr., Mrs., Ms., Dr. \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City, State Zip Code \_\_\_\_\_ Home Telephone number \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell (or Daytime) Telephone number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship of Emergency contact and \_\_\_\_\_ local Telephone number (home, cell or office) \_\_\_\_\_

**MEMBERSHIP CATEGORIES**

Member Type	Annual Dues *	Qtrly Dues**		
Regular Master's Member	\$ 600	=	\$	_____
OR pro-rate first year:      \$600 ÷ 12 = \$50.00 x _____ # mos. thru June		=	\$	_____
Family Member/Parent member	\$ 325	=	\$	_____
OR pro-rate first year:      \$325 ÷ 12 = \$27.10 x _____ # mos. thru June		=	\$	_____
Name of Adult Regular Member _____				
Member must be in "good standing"				
<b>OR if Parent of a Junior Rower:</b>				
Name of Active Junior Rower _____				
Guest Membership: \$100.00 for one month, \$200.00 for two months, \$300.00 for three months, etc Max 5 mos.		=	\$	_____
Coxswain Membership: No rowing involved.	\$ 20	=	\$	_____
Supporting Member	\$ 50 minimum	=	\$	_____
Shell Storage 1x ***	\$ 200	=	\$	_____
Shell Storage 2x ***	\$ 250	=	\$	_____
_____		=	\$	_____
	<b>Total</b>	<b>=</b>	<b>\$</b>	<b>_____</b>

\* Annual Membership begins in July of each year. Family members must have same legal address as the Regular Member.  
 \*\* Quarterly dues are a commitment of 12 months on a prepaid or automatic payment to the HRA (membership) bank account.  
 \*\*\* I understand that I will store my shell(s) at my own risk and will carry adequate insurance, if I so wish. Initials: (\_\_\_\_\_)  
*The Halifax Rowing Association assumes no liability for any stored or personal property.*

**I have read and/or signed the HRA Release & Waiver of Liability form, the HRA Handbook on the Website (halifaxrowing.org), the HRA Safety Manual and Safety Guidelines, have viewed the US Rowing Safety Video, and agree to abide by all of the rules and by-laws of Halifax Rowing Association and of US Rowing Association.**

Make Check payable to: Halifax Rowing Association      Signature: \_\_\_\_\_  
 P O Box 1645  
 Daytona Beach FL 32115      Date: \_\_\_\_\_

Payment Method: Check # \_\_\_\_\_, Cash \$ \_\_\_\_\_, PayPal \_\_\_\_\_, TOTAL \$ \_\_\_\_\_.      Received by: \_\_\_\_\_