



SHASTA ROWING ASSOCIATION

Membership Form

Name (Print) _____

Gender M F

Age _____

Height _____

Cell Phone # _____

Email Address _____

Signature _____

Date _____

Accounting Purposes Only

Amt Paid _____

Check # _____

Shasta Rowing Association Membership Receipt

Amount Paid _____

Date _____

If Family Membership please write names of family members here
