

Family Member Agreement

Check here if the information below has changed.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Email: _____

Male Female Date of Birth: _____

Side: _____ Year Completed Float Test: _____
 Starboard Port Cox

Family Membership Copy this form if there are more than 4 family members.

Co Applicant: _____

Email: _____

Male Female Date of Birth: _____

Side: _____ Year Completed Float Test: _____
 Starboard Port Cox

Child: _____

Email: _____

Male Female Date of Birth: _____

Side: _____ Year Completed Float Test: _____
 Starboard Port Cox

Child: _____

Email: _____

Male Female Date of Birth: _____

Side: _____ Year Completed Float Test: _____
 Starboard Port Cox

We Agree... By signing and sending in this "Agreement" you are committed to doing your part on the team both on and off the water. Opportunities to get involved with maintenance, operations and activities will be announced in the weekly updates, listed on the member section of the website or announced at the shell pen.

Signature(s): _____

- **Monthly fees are due on the 1st of each month and must be paid by the 5th of each month.**
 Members who have monthly dues not paid by the 5th of each month will be marked "Inactive" on the database and will not be able to sign up for practices online.
 Monthly fees not paid by the 15th of each month will be assessed at \$10 late fee for that month.

Annual Membership Fee

- Family \$259**
 Applicant, partner and/or children under 19 years of age
- Sponsor \$25**
 Supporters of ARA and those members unable to row in the current season wishing to retain an active membership

Monthly Maintenance Dues \$65 per month

Name: _____

Months Planning To Row:
 May June July August September

Total number of months _____ x \$65 = _____

Co Applicant: _____

Months Planning To Row:
 May June July August September

Total number of months _____ x \$65 = _____

Child: _____

Months Planning To Row:
 May June July August September

Total number of months _____ x \$65 = _____

Child: _____

Months Planning To Row:
 May June July August September

Total number of months _____ x \$65 = _____

	+		=	Balance
Annual Fee		Monthly Maint. Dues		
Total Enclosed				\$

Payment Information

Enclosed is my check made payable to ARA

Please charge my membership to
 Mastercard Visa

Card Number: _____ Exp. Date _____

Signature: _____

Make sure you complete and return to ARA:
 Membership form
 Insurance Waiver Form
 Payment
 You must read, sign and submit to the Anchorage Rowing Association an annual Insurance Waiver form for each person listed on your membership form. Failure to do so may invalidate your membership.

Annual membership dues and monthly fees pay for club operations, liability and property insurance, coaching and staff, equipment maintenance and permits.

Refunds:
 A member must contact the Team Manager by the 5th of any month for a refund of monthly fees.