

**SHUSWAP DRAGON BOAT SOCIETY
MEMBERSHIP REGISTRATION**

Paddling season (Year) _____

Last name: _____ First Name: _____

Mailing Address: _____

Street Address (if different): _____

City: _____ Postal Code: _____

Home Phone# _____ Work Phone # _____ Cell Phone# _____

Email Address: _____

Emergency Contact (name and phone number) _____

Date of Birth: Day _____ Month _____ Year _____

Do you have any medical condition or take prescription drugs that we should be aware of? If yes, please explain _____

I wish to be a: Paddling Team Member \$100.00 _____

Friend of the Boat \$25.00 _____

I am interested in the following position(s):

Paddler _____ Drummer _____ Steersperson _____ Coach _____ Manager _____

I will attend practices: Tuesday evening(Y/N) _____ Thursday evening (Y/N) _____

I will support SDDBS by joining the following committee(s): Breast Cancer Awareness and Support _____ Communication _____ Equipment _____ Festival _____ Finance _____ Membership _____ Policy _____ Public Relations _____ Social _____ Sunshine _____ Uniform _____

As a member of Shuswap Dragon Boat Society, I acknowledge and support the constitution of the society, which includes awareness and support around the issue of Breast Cancer. I will maintain an appropriate fitness level, attend practice sessions, meetings, team functions and events. By committee participation I will help with the running of the club.

Signed _____

Membership fees are due by Feb. 28. Deliver or mail this form and fees to SDDBS, Box 1195, Salmon Arm, B.C. V1E 4P3 Attention: Membership