



Membership Application

Name _____ Home Phone _____

Address _____ Work Phone _____

_____ Fax _____

City _____ State _____ Zip _____ E-mail _____

Date of Birth ____ / ____ / ____ Male Female Club Affiliation _____

Please check the appropriate category:

New Membership

Individual

\$65/year (27 and over)

\$45/year (26 and under)

International

\$75/year (U.S. \$ and U.S. bank)

Membership Renewal/Number: _____

Check Payable to USRowing \$ _____ enclosed.

Add to my membership fee \$ _____, a tax deductible contribution to the USRowing William M. Hollenback Jr. Annual Fund

Please charge my USRowing membership to MasterCard Visa

Card # _____

Expiration Date ____ / ____ / ____ Signature _____

You must sign and submit the USRowing Annual Release of Liability form via fax, mail or internet. The release is available at www.usrowing.org.

Return to:

USRowing, 201 S. Capitol Ave., Suite 400, Indianapolis, IN 46225
Tel: (800) 314-4ROW (4769) Fax: (317) 237-5646