

Kitsap Rowing Association

P.O. Box 232
Indianola, WA. 98342



Membership / Renewal Form 2024

Master's Rowing: Individuals 18 years and older

Name: _____ New: ___ Renewal: ___ USROWING # _____

Address: _____

City and Zip Code: _____

Phone: () _____ Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: () _____

Do you have a medical condition of which KRA should be aware for your safety and that of the crew?

If yes, please explain:

(Your signature below acknowledges disclosure to the crew.)

Rowing Information:

Describe any rowing experience: _____

Are you interested in: Rowing: ___ Competing: ___ Coxing: ___ Driving Launch: ___ Coaching: ___

Membership Dues and Rowing Fees:

\$150 Annual Membership Dues- (non-rowing Coaches, Coxes, and Skippers are exempt)

AND

ALL SEASONS ROW: Fee Due March 1st

___ \$450 Spring/Summer/Autumn

OR

SEASONAL ROW: Fee Due 1st day of each SEASON)

___ \$150 Spring (March, April, May)

___ \$150 Summer (June, July, Aug)

___ \$150 Autumn (Sept, Oct, Nov)

NO FEE Winter (Dec, Jan, Feb)

OR

___ \$150 Punch Card: 10 rows, no expiration, membership required.

\$_____ **Total** payable by check or PayPal.

Completed forms may be mailed, e-mailed to kra.membership@gmail.com, or put in Membership Envelope in Erg Room.

I understand that I am required to join the US Rowing Association (includes all requirements) I understand that I must attest to my swimming ability, complete SafeSport training, and contribute volunteer hours to KRA.

Signature: _____ Date: _____

January 2024

Admin Use Only: Check# _____, Date of Check: _____, Initials: _____