



## AVALON DRAGON BOATING

MEMBERSHIP FORM      DATE \_\_\_\_\_

**FOR BREAST CANCER SURVIVOR MEMBERS AND ASSOCIATE MEMBERS [Please Print]:**

First Name:	Last Name:	Middle Initial:
Street Address:		
City:	Province:	Postal Code:
Home Phone:	Cell:	Office:
Email address:	Date of birth:	
Special skills or interests:		
Member type: <input type="checkbox"/> breast cancer survivor paddler <input type="checkbox"/> associate member/paddler <input type="checkbox"/> associate/non-paddler		
Membership fee paid?	Breast cancer survivor <input type="checkbox"/>	Associate member <input type="checkbox"/>

**FOR BREAST CANCER SURVIVOR PADDLERS ONLY [Please Print]:**

Emergency contact name:		
Home Phone:	Cell:	Email address:
Relationship:		
Have you had previous dragon boat experience? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, how many years?		
Which teams? (please list all):		
Paddle side preference: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Either (prefer right) <input type="checkbox"/> Either (prefer left) <input type="checkbox"/> Don't know		
Can you steer a dragon boat? <input type="checkbox"/> No <input type="checkbox"/> Yes    Would you like to learn to steer? <input type="checkbox"/> No <input type="checkbox"/> Yes		
In what other recreational or fitness activities do you participate?		
If you're a new member, would you like to be assigned a buddy? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**REQUIRED FOR BREAST CANCER SURVIVOR MEMBERS & OPTIONAL FOR ASSOCIATE MEMBERS:**

Please choose one or more committees to serve on (see *Committee Descriptions* in membership kit):

Boat/Pond Management     Communications     Festival     Fundraising/Sponsorship

Membership/Outreach     Operations     Safety     Special Events     Sport Development     Travel

***Please return completed form and waiver to the Membership Committee***