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: ☐ breast cancer survivor paddler ☐ associate member/paddler ☐ associate/non-paddler
Membership fee paid? Breast cancer survivor ☐ Associate member ☐
FOR BREAST CANCER SURVIVOR PADDLERS ONLY [Please Print]:
Emergency contact name:
Home Phone: Cell: Email address:
Relationship:
Have you had previous dragon boat experience? ☐ No ☐ Yes If yes, how many years?
Which teams? (please list all):
Paddle side preference: ☐ Left ☐ Right ☐ Either (prefer right) ☐ Either (prefer left) ☐ Don't know
Can you steer a dragon boat? ☐ No ☐ Yes Would you like to learn to steer? ☐ No ☐ 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? ☐ Yes ☐ No
REQUIRED FOR BREAST CANCER SURVIVOR MEMBERS & OPTIONAL FOR ASSOCIATE MEMBERS:
Please choose one or more committees to serve on (*Committee Descriptions* in Association Structure doc): ☐ Boat/Safety ☐ Communications ☐ Festival ☐ Fundraising/Special Events ☐ Membership/Outreach ☐ Operations ☐ Sponsorship ☐ Travel

Please return completed form and waiver to the Membership Committee