

**OAR Membership Form**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Gender: \_\_\_F\_\_\_ M DOB \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Do you want your email address printed on the member list? Yes No

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Do you want your phone number printed on the member list? Home: Yes No Cell: Yes No Work: Yes No

What is your primary rowing interest? Circle one: Competitive Technique/Fitness 1st Year Novice  
Which type of rowing are you interested in? Circle one or both: Sweep Sculling

Competitive Experience: High School College Open Masters None

Weight group: Women ≤130 lbs 131-150 lbs 151+ lbs  
Men ≤160 lbs 161-190 lbs 191+ lbs

Are you a member of USRA? Yes No Membership #: \_\_\_\_\_ Expires: \_\_\_/\_\_\_/\_\_\_

Emergency Contact:  
Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Primary Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_  
Existing Medical Conditions: \_\_\_\_\_  
Medications you use on a regular basis (including inhalers): \_\_\_\_\_  
Medicines you are allergic to: \_\_\_\_\_  
Other Allergies: \_\_\_\_\_

OAR requires that a swim/float test be completed before joining the club. A copy of the form is available on the website ([www.oarowers.wordpress.com](http://www.oarowers.wordpress.com)).

**OAR requires that all members are responsible for knowing and adhering to OAR's Safety Guidelines and Member Responsibilities.** These documents are posted on the OAR website under About OAR.

**OAR dues cycle follows the fiscal year July 1st of the current year to June 30<sup>th</sup> of the following year (see second page for more details).**

(Indicate which applies to you and enclose check payable to Oregon Association of Rowers. Mail page one of this form and your check to Renee Thompson: 4524 Paddock Drive; Eugene 97405

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|---|---|
| _____ \$800 Individual Annual             | _____ \$400 Individual for ½ year             |
| _____ \$750 Family Annual (second person) | _____ \$375 Family for ½ year (second person) |
| _____ \$750 Student Annual                | _____ \$375 Student for ½ year                |
| _____ \$667 First Year Novice Annual      | _____ \$267 First Year Novice Sept-December   |
| _____ \$250 Private Boat Membership       | _____ \$250 Racking Fee                       |

Scholarships available. Contact Renee Thompson ([duckduo@comcast.net](mailto:duckduo@comcast.net)) for scholarship or other membership questions. **NO REFUNDS Coxswains join for free.**

**TOTAL PAYMENT:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

