



1450 MAPLE ST REDWOOD CITY, CA 94063 650 474 2247
 ATTN: MEMBERSHIP COORDINATOR

OFFICE USE ONLY	
Program:	
NOVSW _____	NOVX _____
ROW _____	HW _____
AMT _____	CK# _____
DATE _____	BY _____

MEMBERSHIP FORM - INTAKE / UPDATE (please circle one)

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE (H) _____ PHONE (W) _____

EMAIL _____ DOB _____

ROW, PADDLE, OR OTHER? _____ NOVICE OR EXPERIENCED? _____

DO WISH TO STORE A BOAT, OARS, PADDLES, OR OTHER EQUIPMENT AT BIAC? _____

IF SO, PLEASE LIST. _____

ARE YOU CURRENTLY CERTIFIED IN FIRST AID? _____

ARE YOU CURRENTLY CERTIFIED IN CPR? _____

DO YOU HAVE ANY HEALTH PROBLEMS THAT MIGHT LIMIT YOUR PHYSICAL ACTIVITY? _____

IF YES, PLEASE EXPLAIN. _____

HOW DID YOU FIND OUT ABOUT THE CLUB? _____

I acknowledge that I have read and understood the current BIAC rules and regulations, and I agree to abide by all BIAC rules and regulations (as they may be amended by BIAC with or without notice).

MEMBER SIGNATURE _____ DATE _____

