

## Membership Application Form

Name:			
Address:			
Phone(s):	home	cell	
Email address:			
Birth date: (mm/dd/yyyy	r):		
Emergency Contact Infor Name:	mation:		
Relationship:			
prorated at the sum of operational costs. Please			
Swimmer or Non-swimm		of lessy (effecte offer)	
Paddling Experience: Dr	agon boat OC Kayak (circle	all that apply)	
Any information (accom	modations) we should know pri	or to paddling?	
Any health concerns you	would like us to know about?		_

What is your reason (s) for joining Hell Gate Sea Dragons? (circle all that apply)

1820 NE Jensen Beach Blvd, # 590, Jensen Beach Fl. 34957 a 501(c)(3) non-profit organization

Breast Cancer Support Fun Fitness Recreational Racing
Other
What is your work history and skills? Retired?
Which type of paddler do you strive/associate yourself with? Recreational Competitive (circle one)
Would you like to learn to become? Steer Drummer Practice Leader (circle all that apply)
Which Committee are you interested in serving on? (circle all that apply)  Equipment Fundraising Membership Merchandise Race Social Web
Special Skills – Please list below any special skills/life experience(s) that you may have that you are willing to utilize to further the mission of the Hell Gate Sea Dragons. (circle all that apply)
Computer Skills Fiberglass/Boat Repair Carpentry Skills Website Management
Social Media Skills First Responder Skills Publicity Coaching Fundraising
Shirt (circle one) Size: XS S M L XL 2XL Type: Women Men Style: Racer Short Sleeve Long Sleeve
Signature — — — — Date

Team Mission: To promote the sport of dragon boating by creating opportunities for the Treasure Coast to compete in all levels of the sport. We aim to educate, train and encourage all members of the community to experience the mental, physical and camaraderie of the sport while focusing on Breast Cancer Survivors.