

# X-GENERALS MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Print Name:		Date of Birth:	
Email address:			Weight: lbs.
Home Phone:	Cell Phone:	Gender: Male      Female	
Address:			
City:	State:	ZIP Code:	

## EMERGENCY CONTACT

Name:		Relationship:	
Address:			Phone:
City:	State:	ZIP Code:	

## PREVIOUS BOATING EXPERIENCE

Check all that apply:     None

Dragon Boat     Canoe                       Outrigger                       Other human-powered boat

Sea Kayak             Whitewater Kayak     Raft                       Scull

Years of experience:                      Level:     Beginner     Intermediate     Expert

## REASON(S) FOR JOINING

Check all that apply:

Learn a new sport     Enjoy water sports     Meet people                       Exercise

Curiosity                       Enjoy paddling                       Friend(s) on the team     Team

## WHO REFERRED YOU

Referrer's Name:	<input type="checkbox"/> Friend <input type="checkbox"/> Relative
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## SIGNATURE

Signature of applicant:	Date:
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