



**MEMBERSHIP  
2024**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

**Fees:** Full Membership \$850 +\$150 initiation the first year.  
Returning Members \$850.00 yearly.  
College Membership \$425 yearly.

I confirm that I can swim 100 feet in light clothing. Yes/No

Signature \_\_\_\_\_

I confirm that I don't suffer from any health issues that would prevent me from rowing.

Signature \_\_\_\_\_

**PAYMENT (Check or Cash) This is nonrefundable, payable to GMS Rowing Center.**

**Mailing Address: PO Box 1647 New Milford, CT 06776**

**Boathouse: 172 Grove St. New Milford, CT 06776**

**860-350-4004 [www.gmsrow.com](http://www.gmsrow.com)**