

**DRAGON BOAT AT THE BEACH  
CERTIFICATE OF RECEIPT MEMBERSHIP**

I \_\_\_\_\_ have received and read the Dragon Boat at the Beach Organizational Guidelines (available on our Webpage) and pledge my support to uphold these guidelines in all that I say and do with respect to Dragon Boat at the Beach.

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

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Home phone \_\_\_\_\_ cell Phone \_\_\_\_\_

Survivor: \_\_\_ Breast Cancer \_\_\_ Any other Cancer \_\_\_ Supporter \_\_\_\_\_

Birthday Month \_\_\_ / Day \_\_\_

Permission to include your name, address, email and phone on the membership roster, available to all members. yes \_\_\_ no \_\_\_\_\_

LEVEL OF MEMBERSHIP

\_\_\_\_\_ Active Member (for any cancer member who participates in paddles)

\_\_\_\_\_ Reserve Membership (for any supporter who participates in paddles)

\_\_\_\_\_ Associate Membership (for any member who does not participate in paddles)

**DUES FOR 2024 ARE \$125 FOR ACTIVE AND SUPPORT MEMBERS**

**DUES FOR FAMILY (2 active members) \$225**

**DUES FOR ASSOCIATE MEMBERS ARE \$75**

Please Complete this form and return with your check made payable to:

**Dragon Boat at the Beach**

**P.O. Box 230**

**Pawleys Island, SC 29585**