

**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

_____ Survivor Active Member (for any cancer member who participates in paddles)

_____ Support Member (for any supporter who participates in paddles)

_____ Associate Member (for any member who does not participate in paddles)

DUES FOR 2025 ARE \$150 FOR ACTIVE AND SUPPORT MEMBERS

DUES FOR FAMILY (2 active members) \$250

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