



NYMCRA Membership Form

NEW or **RENEWAL** (Please circle one)

Date: _____

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Postal Code:** _____

Country/Province (if not USA): _____

Phone: _____ (include area code & country code if not USA)

Email: _____

Other household members to be included in membership and Points Series:

1. _____
2. _____
3. _____

Most frequently paddled watercraft (for data interest only):

kayak solo canoe tandem canoe SUP long boat

Annual Dues (Please check one):

Individual/Family \$20 USD Youth (<18 yrs old) \$5 USD

Race Director \$25 USD (each additional race \$5 USD)

Advertiser (contact nymcra@nymcra.org for details)

Please mail a check or money order, in US Funds, **payable to NYMCRA** to:

Kim Greiner
558 Old Hwy 30
Esperance, NY 12066

Questions? Contact Kim at 518-421-2939 or twobears@nycap.rr.com