



New Jersey's First  
Breast Cancer Survivor  
Dragon Boat Team

# Machestic Dragons

Princeton Breast Cancer Survivor Dragon Boat Team



P.O. Box 2540, Hamilton Square, New Jersey 08690

[www.machesticdragons.org](http://www.machesticdragons.org)

## 2010 Membership Application

Returning Member = \$85     New Member = \$110     Family Membership = \$150

**NOTE: Annual renewal dues for returning members are due by March 15th.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_

(Work) \_\_\_\_\_ Full Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Cell) \_\_\_\_\_

E-mail \_\_\_\_\_ Alt. E-mail \_\_\_\_\_

Are you a     Supporter     Survivor    Cancer Free Date (date of surgery) \_\_\_\_\_

**Family members for family membership:** *(Please list full date of birth if under 18-years-old)*

Name \_\_\_\_\_ Full Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Minors**

If you are under 18 years of age you must join with a family member.  
That family member must accompany you to every practice and is responsible for you.

To be considered for membership you MUST submit:

- 1) Membership Application    2) Correct Membership Dues    3) USDBF Amateur Athletic Waiver and Release of Liability Form

Please make check payable to: **Machestic Dragons**

Mail to: **Machestic Dragons, PO Box 2540, Hamilton Square, NJ 08690**

**If you are you interested in being a Committee Chair or Co-Chair, please contact a member of the Board.**