



# St. Lawrence Valley Paddlers Membership Form

**Name**

First:

Last:

Address:

City:

Phone:

**Family Members**

First Name:

Last Name:

First Name:

Last Name:

State/Prov:

Postal Code:

Email:

**2026 Membership**

New

Renewal

Individual (\$20)

Family (\$25)

Business (\$25)

**I would like to help at the races with:**

Race Registration

Timing &amp; Results

Race Course (setup/remove buoys)

Race Course – monitor buoy turns

**I would like to help at these races:**

Little River Ramble

Canton Saturday

AM

PM

Canton Sunday

AM

PM

Madrid

Sat.

Sun.

Remington I

Remington II

**Feedback (thoughts, concerns, suggestions)**

***Type or print form and mail with check payable to: SLVP, PO Box 616, Canton, NY 13617***