



Michigan Canoe Racing Association

Membership Application 2026

Please Print Clearly

Date _____

NAME _____

AGE _____ BIRTH DATE _____ CANOE NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ EMAIL _____

☐ INCLUDE MY CONTACT INFORMATION ON THE M.C.R.A WEBSITE

☐ FAMILY TWO ADULTS AND CHILDREN 19 & UNDER \$50.00	List Family Members for Family Membership <table><thead><tr><th>Name</th><th>Birth date</th><th>Racing Class</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>	Name	Birth date	Racing Class	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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☐ EXPERT \$30.00																						
☐ EXPERT II \$30.00																						
☐ JUNIOR 17 & UNDER \$2.00																						
☐ FLEDGLING 13 & UNDER \$2.00																						
☐ ASSOCIATE \$10.00																						
☐ LIFETIME \$300.00	☐ Please mail me a copy of the newsletter																					
☐ LATE FEE after April 1st \$15.00	☐ Do Not Mail Newsletter. I will view it at www.miracing.com																					

Make checks payable to: **M.C.R.A**

Please include late fee of \$15.00 for membership paid after April 1st

MAIL TO:
Mary Schlimmer-Willoughby
891 Garfield Rd. N.
Traverse City, MI 49696

Both paddlers must be **MCRA** members to receive prize \$ and points.
Thank you for your cooperation.