

# TANDEM WAVERIDERS ORGANIZATION

## MEMBERSHIP QUESTIONNAIRE

### Male Partner

Name			
Date of Birth			
Address			
City/State/Zip		CA	
County			
Phone Number		<input type="checkbox"/>	Do Not Print
Mobile Number		<input type="checkbox"/>	Do Not Print
Occupation			
Year you started tandem surfing?			
Surf team you represent:			
Describe how you first got involved with tandem surfing.			
Describe your best tandem surfing experience.			
In your opinion, what is the most important thing TWO can do for the sport and/or tandem surfing community?			
Do you have anything else you would like to share with the other members of TWO?			

### Female Partner

Name			
Date of Birth			
Address			
City/State/Zip		CA	
Country			
Phone Number		<input type="checkbox"/>	Do Not Print
Mobile Number		<input type="checkbox"/>	Do Not Print
Occupation			
Year you started tandem surfing?			
Surf team you represent:			
Describe how you first got involved with tandem surfing.			
Describe your best tandem surfing experience.			
In your opinion, what is the most important thing TWO can do for the sport and/or tandem surfing community?			
Do you have anything else you would like to share with the other members of TWO?			

\*\*\*Please attach at least one team surfing picture, and one individual portrait picture of each team member.