

West Australian Rowing Club (Inc.)

PO BOX 6772, EAST PERTH 6892



Summer Membership Application

SURNAME:			
OTHER NAMES:			
ADDRESS:			
HM PHONE:		WK PHONE:	
MOBILE:		EMAIL:	
DATE OF BIRTH:			

NEXT OF KIN:			
ADDRESS:			
RELATIONSHIP		PHONE:	

MEDICAL CONDITIONS WE MAY NEED TO KNOW ABOUT (ie. Allergy to antibiotics, Asthma, Epilepsy etc.)

PREVIOUS ROWING EXPERIENCE: _____

CAN YOU SWIM 50 METERS, CLOTHED, WITHOUT ASSISTANCE? **Yes** **No** (Please Circle)

SUMMER MEMBERSHIP **Runs 01/10/09 to 31/3/10**
Cost \$180 (or pro rata \$30/mth or part thereof from start date to end of March)

I hereby apply for temporary membership of the West Australian Rowing Club Inc.

I understand that this is a temporary membership and does not permit me to hold office or have any voting rights in the Club.

I undertake to abide by the rules and regulations of the Club.

I understand that I may be liable to pay up to \$50 towards the repair of any boat in which I am a member if it is damaged. (Conditions Apply)

I understand that I am not eligible to compete at any regatta until I am a fully paid up Competitive Member of the Club and have paid my Rowing WA registration fee.

Signature: _____ Date: _____

Payment Amount: _____	Signature: _____
Payment Method (Please Circle) Cash / Cheque / Credit Card Type: _____	
Card Name: _____	Number: _____ / _____ / _____ Expiry: ____/____