



www.capitallakesrowing.com

MEMBERSHIP FORM – ANNUAL MEMBERSHIP

Please complete and return form to capitallakes@gmail.com

MEMBERSHIP (Tick as appropriate)

- | | | | |
|--|------------|---|------------|
| <input type="radio"/> Junior – Full Membership | \$700 p.a. | <input type="radio"/> Master – Social | \$550 p.a. |
| <input type="radio"/> Junior – HPP Scholarship | \$500 p.a. | <input type="radio"/> Master – Competitive | \$650 p.a. |
| <input type="radio"/> Junior – LTR Graduate 1 st Year | \$500 p.a. | <input type="radio"/> Master – Life Member | Nil |
| <input type="radio"/> Senior – Social | \$550 p.a. | <input type="radio"/> Para-Rower – Single Session | \$250 p.a. |
| <input type="radio"/> Senior – Competitive | \$650 p.a. | <input type="radio"/> Para-Rower – Multiple Session | \$550 p.a. |
| <input type="radio"/> Family Membership | \$900 p.a. | | |
| No. Adults: | | No. Competitive Masters @\$100 p.a.: | |
| No. Children: | | No. Competitive Juniors @\$230 p.a.: | |
| <input type="radio"/> Volunteer (Coach/Manager/Assistant) | | | |

Name/s:	
Address:	
Mobile:	
Email:	
Date of Birth:	
Occupation:	

EMERGENCY CONTACT DETAILS – Applicants under 18 must provide parent/guardian details. For Junior membership, the first Emergency Contact nominated becomes an Associate Member of the Club.

Name/s	Telephone Contact	E-mail

MEDICAL/INJURY - Details of any existing medical condition/injury, including management and medication.

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QUALIFICATIONS/LICENCES – Please indicate if you hold any of the following

	Qualification/Licence	License or Certificate No	Expiry Date
	Boat Licence		
	Coaching Qualification		
	Working with Vulnerable People Certification		
	First Aid Certificate or Qualification		
	Other as appropriate		

CLUB CONTRIBUTION - It is a requirement of membership that all members will volunteer 20 hours in support of the club and its activities. Please nominate the area/s in which you would like to assist.

	Regattas	
	Maintenance (Boats/Facility/Cleaning)	
	Coaching	
	Para Rowing	
	Fundraising/Sponsorship	
	Other	

DECLARATION

- I agree to abide by the CLRC Constitution and the Code of Conduct.
- I am aware of and will abide by the CLRC Safety Policy and Procedures.
- I am a competent swimmer, able to swim 100 metres in light clothing, and will prove so if asked. I understand that I am required to undertake annual capsized training.
- I will advise CLRC of any existing or new injury or illness that may affect my ability to participate in rowing activities.
- I authorise CLRC to take reasonable action on my behalf (including the incurring of expenses) in connection with any injury or illness that I may incur while engaged in Club activities.
- I agree that I will contribute 20 hours of voluntary time in support of the club and its activities.
- I do / no not agree to my photograph being used on the CLRC website.

Signature: Member or Parent/Guardian: _____ **Date:** _____

Once your application has been approved and processed, you will be emailed a **logon and password** to manage your membership through the Capital Lakes Rowing Club Online Club Management System, accessed through the website.

You will also be emailed a membership invoice with your membership fees and any other associated costs included. Please advise the Club if you wish to make payment via a payment plan.

Payment options:

- (1) EFT to Capital Lakes Rowing Club, **OR**
 (2) Cheque made out to **Capital Lakes Rowing Club**

NOTES

1. Annual membership is due by 1 August each year. Part-year membership is pro-rated in 6 monthly blocks only.
2. Junior membership includes \$20 Associate Membership for the first-nominated Parent/Guardian.