

MEMBERSHIP APPLICATION

2009



Please write legibly using block capitals

Name	
Name	
Address	
POST CODE	
Home Phone	
Mobile	
e-mail	
Emergency contact (name/phone number)	
<p><i>If more than two members are to be included, please add the others on the reverse of this form.</i></p> <p>I/we enclose a cheque (payable to Langstone Cutters Rowing Club) to the value of £..... being the membership fees for the year 2009 at £25.00 per adult and £5.00 per Junior (aged 12-18) per annum. For new members a joining fee of £15 per adult is also payable. (Children under 12 years old can join for no charge but their names and age must be included on this form). Include any additional names over.</p>	
Declaration - to be signed on joining and on renewal	Tick here
For ease of use and to avoid postage charges communications and newsletters will be issued by email. However if you do not have an email address and wish to receive this by hardcopy please tick here to notify the secretary.	<input type="checkbox"/>
Membership details are stored on computer and are only for the use of the committee in conjunction with LCRC business. Your details will not be shared with any other organisation. Tick the box If you do not wish your details to be stored on computer.	<input type="checkbox"/>
A list of rowing members will be circulated to the club at the beginning of the season. If you do not wish your name, email address and phone number to be on this list please tick the box.	<input type="checkbox"/>
<p>Langstone Cutters Rowing Club carries insurance for club equipment and third party liabilities only. Upon acceptance into membership of Langstone Cutters Rowing Club I/we understand that rowing is undertaken at my/our own risk.</p> <p>I confirm that I/we do not suffer from any disability or medical condition which may render me/us unfit to carry out strenuous exercise. Should a medical condition exist, this will not necessarily preclude you from membership/participation, but it must be declared. Should you be in any doubt, you should seek advice from your doctor.</p> <p>I also confirm that I am able to swim a minimum of 100 metres (ROSPA recommended standard)</p> <p>Signed.....Print Name.....Date.....</p> <p>Signed.....Print Name.....Date.....</p> <p>Parent/guardian (if under 18).....</p>	

Please return this form to the Secretary at the address below:
 Steve Sagrott, 42 Selangor Avenue, Emsworth, Hants, PO10 7LT - Tel: 01243 374511