



Australian Canoeing Incorporated
Membership Application and Declaration



I hereby apply for membership of Australian Canoeing, my State Association and my Affiliated Canoe Club as named below. I have read, understood, acknowledge and agree to the declaration and application over page and I have signed that declaration.

Club Name INDOOROPILLY CANOE CLUB

Personal Details

Title: _____ First name: _____ Surname: _____

Membership Type

Juniors - Guardian Name: _____

Junior Competition Junior Recreational Junior Social Junior Short Term (3 mth)

Seniors

Senior Competition Senior Recreational Senior Social Senior Short Term (3 mth)

Second Claim - Are you a member of another Affiliated Canoe Club: _____ (3 mth)

Date of Birth ___/___/_____

Phone Numbers

Home: _____ Work: _____ Mobile: _____ Fax: _____

Male Female

Address Details (Postal Address)

Address: _____ Suburb: _____ State: _____

Post Code: _____ Country: _____ Email: _____

Medical Details

If you suffer or have suffered from any disease or physical or mental disability (e.g. epilepsy, diabetes, or any permanent disability to a limb, eye or ear) likely to affect your efficiency, it may affect your safety and the safety of the public. You should consult your medical practitioner and AC prior to commencing any canoeing activity.

Emergency Contact

Family name: _____ Given name: _____ Relationship: _____

Telephone - Home: _____ Work: _____ Mobile: _____

Declaration:

I have read, understood, acknowledged and agreed to the declaration and application overleaf. I have signed that declaration and I warrant that all information provided is true and correct at the time of completion.

Signature _____ Date: _____

Please also complete the reverse side of this document

Parent/Legal guardian consent:

I have read, understood, acknowledge and agree to the declaration and application and conditions of membership overleaf and I personally consent to the declaration and application for membership of the applicant.

Family name: _____ Given name: _____

Signature: _____ Date: _____

Club Use Only

Date received: _____ Payment Received: \$ Club _____ QC \$ _____ AC Number: _____

Entered on MyClub Signature of Affiliated Club officer: _____ Date: _____