



ALBERT PARK SOUTH MELBOURNE ROWING CLUB

MEMBERSHIP APPLICATION FORM

[Please complete the form with BLOCK letters and mark X where applicable]

APPLICANT CONTACT DETAILS

Surname			
First Name			
Address			
City/Suburb	State		
	Postcode		
Country			
Date of Birth (dd/mm/yyyy)		Female / Male	
Home Phone			
Mobile			
Email			
Occupation or School			
Emergency Contact			
Emergency Number			
Any Medical Condition?			

Membership Number	
Category	
[Official use only]	

Please mark X where applicable	
	I have no rowing experience
	I have completed Learn to Row programme at (please specify) _____
	I am an experienced rower and interested to be:
	a) social rower
	b) competitive rower
	c) coxswain
	d) rowing coach
	e) other (please specify) _____

MEMBERSHIP CATEGORIES & FEES (Official use only)

Membership Category	Fee	Join date	Renewal date

SIGNATURE OF APPLICANT

SIGNATURE OF APSMRC HEAD COACH/ CLUB CAPTAIN

Date: ___/___/___

Date: ___/___/___

Note: Parent or legal guardian's signature is required for applicant under 18 years old.