



## NOMINATION FOR MEMBERSHIP 2019

TO THE COMMITTEE, .....*NAME*.....  
 is hereby nominated for membership of the Swan River Rowing Club (Inc).

Proposed by: ..... Seconded by committee member: .....

|                                                              |                 |
|--------------------------------------------------------------|-----------------|
| <b>Membership Category:</b>                                  |                 |
| <input type="checkbox"/> Senior Competitive Rower            | <b>\$825</b> pa |
| <input type="checkbox"/> Student or Junior Competitive Rower | <b>\$550</b> pa |
| <input type="checkbox"/> Recreational Rower                  | <b>\$550</b> pa |
| <input type="checkbox"/> Coxswain                            | <b>\$100</b> pa |
| <input type="checkbox"/> Gym only                            | <b>\$50</b> pm  |
| <input type="checkbox"/> Social                              | <b>\$100</b> pa |

**Member Details:**

|                                                                                                                                                                                                                                                                                                    |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Surname:                                                                                                                                                                                                                                                                                           | Given Names:                          |
| Address:                                                                                                                                                                                                                                                                                           |                                       |
| Suburb:                                                                                                                                                                                                                                                                                            | Postcode:                             |
| Date of Birth:                                                                                                                                                                                                                                                                                     | Home Phone:                           |
| Occupation:                                                                                                                                                                                                                                                                                        | Mobile Phone:                         |
| Employer or School:                                                                                                                                                                                                                                                                                | Work Phone:                           |
| Email:                                                                                                                                                                                                                                                                                             |                                       |
| Does your doctor approve of you rowing? (Yes/No)                                                                                                                                                                                                                                                   | Can you swim 50m unassisted? (Yes/No) |
| Do you have any medical problems (including seizures, anaphylaxis etc) that may affect your safety on the water? (Yes/No) Please provide details:                                                                                                                                                  |                                       |
| Do you have a Recreational Skippers Ticket? (Yes/No) Number:                                                                                                                                                                                                                                       |                                       |
| Do you have a Working with Children Card (Yes/No) Number:                                                                                                                                                                                                                                          |                                       |
| <p>*SRRC is managed by volunteers. The club depends on your willingness to support the club's operations, including with administration, coaching, catering, fundraising, boat, equipment &amp; building maintenance etc. Please indicate an area of expertise you can contribute to the club:</p> |                                       |

**Parent Information (for members under 18 years):**

|                                                                                                                                                                                                                                                                                                                                             |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Parent/Guardian 1 Surname:                                                                                                                                                                                                                                                                                                                  | Given Name:              |
| Parent/Guardian 2 Surname:                                                                                                                                                                                                                                                                                                                  | Given Name:              |
| Address (for invoices):                                                                                                                                                                                                                                                                                                                     |                          |
| Suburb:                                                                                                                                                                                                                                                                                                                                     | Postcode:                |
| Parent/Guardian 1 Phone:                                                                                                                                                                                                                                                                                                                    | Parent/Guardian 2 Phone: |
| Parent/Guardian 1 email:                                                                                                                                                                                                                                                                                                                    |                          |
| Parent/Guardian 2 email:                                                                                                                                                                                                                                                                                                                    |                          |
| Do you have a Recreational Skippers Ticket (Yes/No)                                                                                                                                                                                                                                                                                         |                          |
| Do you have a Working with Children Card (Yes/No)                                                                                                                                                                                                                                                                                           |                          |
| <p>SRRC is managed by volunteers. We depend on the willingness of all members and their parents (if U18) to support the club's operations, including with administration, coaching, catering, fundraising, boat, equipment &amp; building maintenance etc. Please indicate an area of expertise your family can contribute to the club:</p> |                          |

**Name & contact details for person responsible for fees:** .....

**Previous Rowing Experience:**

List highest level of attainment in rowing or any previous rowing experience: .....

**Declaration:**

I hereby declare that the foregoing is true at the time of application.  
 I wish to join the Swan River Rowing Club Inc. I understand that all fees must be paid before commencing to row. I understand that if I race, I must pay seat fees levied by Rowing WA and invoiced by SRRC. I understand that a nomination fee of \$100 (\$50 students) must be paid with this nomination. I agree to be bound by the Club's constitution and rules as amended from time to time. I agree to obtain and familiarise myself with the member's handbook and abide by its guidelines and policies. I acknowledge that I undertake all activities in connection with the club at my own risk. I agree to my photograph being used in SRRC promotional material. I agree to indemnify and hold harmless the club, its officers and members in the event of accident, illness or injury being suffered by me whilst engaged in club activities.

Signature..... Date.....

If member is under 18 years:

Parent Signature ..... Date.....

**Payment Details**

*Note: This is for Nomination Fee Only. You will be invoiced for fees upon acceptance of your nomination.*

**Nomination Fee Amount:**       \$100 (Adults) or  \$50 (Students)

**Payment method:**               Direct Deposit               Cash

**Hand your nomination form to your coach or email to** registrar@srrc.org.au.