

**APPLICATION FOR MEMBERSHIP**

\_\_\_\_\_ (name) of \_\_\_\_\_ (address)  
\_\_\_\_\_ (address)

apply for membership of **ERITH ROWING CLUB** as a \* \_\_\_\_\_ member, and if elected agree to abide by the Rules of the Club and pay such subscription and dues as the Club may decide upon. I have no objection to the Club holding information about me for the purposes of the Club on any form of database.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I agree to my child joining Erith Rowing Club and participating in its activities. He/she **MAY/MAY NOT** be taken to hospital without previously contacting me if necessary. Signature of Parent/Guardian (if Applicant is aged under 18)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact number \_\_\_\_\_

Considered by General Committee \_\_\_\_\_ Accepted/Rejected

*\*Classes of membership are: Adult; Unwaged; Student (18+ in full time education); Junior (under 18)*

---

***Please detach this segment and hand/post to your own bank***  
**Standing Order Instruction**

To \_\_\_\_\_ Bank Sorting Code \_\_\_\_\_

Address \_\_\_\_\_

Please pay to HSBC Bank Plc, Canary Wharf Branch, Sorting Code **40 - 02 - 44**

for the credit of **ERITH ROWING CLUB** Account Number **61871552**

the sum of £ \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 200\_\_ and thereafter on the same day each month until instructed otherwise.

All payments to debit my account:

Name \_\_\_\_\_ A/C Number \_\_\_\_\_

**Signed** \_\_\_\_\_

## NEW MEMBER INFORMATION

Full Name	Preferred Forename
Date of Birth	Sex
Ethnicity: (√/x) White <input type="checkbox"/> Black <input type="checkbox"/> African <input type="checkbox"/> Mixed <input type="checkbox"/> Indian <input type="checkbox"/> Other Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Other <input type="checkbox"/>	
Preferred e-mail address	Other e-mail address(es)
Current level of participation in sport (no. of 30 min sessions per weeks – please detail)	
Telephone Numbers Home _____ Work _____ Mobile _____	Weight (kilograms) _____  Height (centimetres) _____
Emergency Contact Name _____ Telephone no. _____ _____	
Do you suffer from any conditions that we should be aware of? (√/x) Medical Condition <input type="checkbox"/> Physical Condition <input type="checkbox"/> Learning Disability <input type="checkbox"/> Other* <input type="checkbox"/> *Please give details _____	
Driving Licence with Towing capability held YES/NO	Ability to swim at least 100metres in light clothing (T shirt, shorts, sweat top and shoes) YES/NO
Previous Rowing Experience YES/NO	Previous Sculling Experience YES/NO
If Yes where (school/college/club)& how long	If Yes where (school/college/club)& how long
Level reached or ARA points held	Level reached or ARA points held
Previous Rowing coaching experience YES/NO	Previous Sculling coaching experience YES/NO
If Yes where (school/college/club)& how long	If Yes where (school/college/club)& how long
Coxing experience YES/NO	If Yes where (school/college/club)& how long
Coaching qualifications held	ARA Number