

## ROWING NSW

Level 1, 6A Figtree Drive, Sydney Olympic Park NSW 2127  
 PO BOX 265, Concord West NSW 2138  
 P: 02 8116 9777 F: 02 8732 1618 E: [office@rowingnsw.asn.au](mailto:office@rowingnsw.asn.au)

### MEMBERSHIP APPLICATION FORM 2011-2012

Registration # (if any) ..... Family Name: ..... Given Name: ..... Street ..... Suburb..... P/C ..... Home..... Work..... Mobile..... Fax ..... Email..... Club ..... School..... Date of Birth ..... Male/Female <p style="text-align: center;">Dd/mm/yyyy</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Metropolitan Competitor</td> <td style="text-align: right;">\$100.00</td> </tr> <tr> <td><input type="checkbox"/> Metropolitan Junior Member</td> <td style="text-align: right;">\$55.00</td> </tr> <tr> <td colspan="2"><small>(Under 18yo. May compete for Club &amp;/or School)</small></td> </tr> <tr> <td><input type="checkbox"/> Regional Competitor</td> <td style="text-align: right;">\$65.00</td> </tr> <tr> <td><input type="checkbox"/> Regional Junior Member</td> <td style="text-align: right;">\$40.00</td> </tr> <tr> <td colspan="2"><small>(Under 18yo. May compete for Club &amp;/or School)</small></td> </tr> <tr> <td><input type="checkbox"/> Supporting Member</td> <td style="text-align: right;">\$35.00</td> </tr> <tr> <td><input type="checkbox"/> Recreational Member</td> <td style="text-align: right;">\$35.00</td> </tr> <tr> <td><input type="checkbox"/> Recreational Member</td> <td style="text-align: right;">\$15.00</td> </tr> <tr> <td colspan="2"><small>(3 Months- Corporate Regattas &amp; L2R)</small></td> </tr> <tr> <td><input type="checkbox"/> Official Member</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td colspan="2"><small>(Registered NOAS Official)</small></td> </tr> <tr> <td colspan="2"><b>Fees include GST &amp; Rowing Aust. Affiliation</b></td> </tr> <tr> <td colspan="2"><b>Regional registration includes CDRA/NRRA fees</b></td> </tr> <tr> <td colspan="2">OPTIONAL</td> </tr> <tr> <td colspan="2">Donation to L.E. Stepto Memorial Trust <small>(assists NSW State Team)</small> .....</td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL .....</td> </tr> <tr> <td colspan="2" style="text-align: center;">Enclosed Cheque / Credit Card <small>(please circle)</small></td> </tr> </table>	<input type="checkbox"/> Metropolitan Competitor	\$100.00	<input type="checkbox"/> Metropolitan Junior Member	\$55.00	<small>(Under 18yo. May compete for Club &amp;/or School)</small>		<input type="checkbox"/> Regional Competitor	\$65.00	<input type="checkbox"/> Regional Junior Member	\$40.00	<small>(Under 18yo. May compete for Club &amp;/or School)</small>		<input type="checkbox"/> Supporting Member	\$35.00	<input type="checkbox"/> Recreational Member	\$35.00	<input type="checkbox"/> Recreational Member	\$15.00	<small>(3 Months- Corporate Regattas &amp; L2R)</small>		<input type="checkbox"/> Official Member	\$0.00	<small>(Registered NOAS Official)</small>		<b>Fees include GST &amp; Rowing Aust. Affiliation</b>		<b>Regional registration includes CDRA/NRRA fees</b>		OPTIONAL		Donation to L.E. Stepto Memorial Trust <small>(assists NSW State Team)</small> .....		TOTAL .....		Enclosed Cheque / Credit Card <small>(please circle)</small>	
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**To be completed by NEW MEMBERS**

I have never rowed before OR

I started rowing at .....school /club

My last year of rowing was .....

**To be completed by rowers renewing membership after not competing for one season or more**

Year last competed .....

Last Clubs / school you competed for .....

Did you transfer to your present club **Y/N**

**Do you require a transfer to a club Y/N**

I declare that the above information is true and agree to abide by all relevant Rowing New South Wales Policies and Rules: Signed .....

Juniors & athletes with Medical Conditions must complete Parental Consent Drug Testing Form

<http://www.rowingnsw.asn.au/forms/consentform.pdf>

On behalf of ..... Rowing Club/School I have interviewed the applicant and verified that the information contained herein is correct to the best of my knowledge & agree that the applicant has been made aware of and agrees to the Relevant RNSW Policies & Rules.

Signature: ..... Club Captain/Rowing Master

Amount to be charged: \$..... Visa  Mastercard  (RNSW do not accept AMEX)

Card #

Expiry Date ...../..... Signature:.....

Card Holders Name:.....

Card Holders Address:..... State.....PC.....

Home:..... Work:..... Mobile:.....