

TMOCC - MEMBERSHIP APPLICATION FORM

1. PERSONAL DETAILS *–Please print clearly*

ADULT 1

Full Name _____

Date of Birth _____ / _____ / _____ Gender: M / F

Physical Address _____

Email Address _____

Phone (Mobile) _____ Home _____

Occupation _____

ADULT 2

Full Name _____

Date of Birth _____ / _____ / _____ Gender: M / F

Email Address _____

Phone (Mobile) _____ Home _____

Occupation _____

CHILD 1

Full Name _____

Date of Birth _____ / _____ / _____ Gender: M / F

CHILD 2

Full Name _____

Date of Birth _____ / _____ / _____ Gender: M / F

More children, attach another membership form

Please also complete reverse side of form

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2. EMERGENCY CONTACT PERSON *(Must be completed in full)*

Full Name _____

Physical Address _____

Phone (Mobile) _____ Home _____

3. MEMBERSHIP AGREEMENT

- I agree to abide by the rules and operational procedures as set by the Tauranga Moana Outrigger Canoe Club Inc.
- I acknowledge that there are risks involved in the sport of outrigger paddling, and by participating in club activities, I do so at my own risk. I agree to get clearance from an appropriate medical professional if I have any injury or condition that may impair my ability to paddle safely.
- Members under the age of 18 years at the time of application must have a parent or guardian sign on their behalf.

Signed (Adult 1) _____ Date _____

Signed (Adult 2) _____ Date _____

Signed (Child 1 –Parent /Guardian) _____ Date _____

Signed (Child 2 –Parent /Guardian) _____ Date _____

Please note each member's signature (excluding children) must be provided

4. MEMBERSHIP FEE - Season 1st October to 30th September – Please circle appropriate fee.

| | |
|------------------------|--|
| Open (20yrs+) \$95 | Family \$160 (2 adults + children in same household) |
| Junior (16-19yrs) \$40 | Beginners (6 week Course) \$35 |
| Midget (5-15yrs) \$20 | Day Member (Canoe Hire) \$10 |

5. PAYMENT

Amount Enclosed \$ _____ cash / cheque

Kiwi Bank: 38-9007-0020945-00 ***Please use your name as a Reference***

CLUB USE ONLY

RECEIVED _____ ADDED TO MEMBER LIST _____

PAYMENT _____ NOTES _____