

CONFIDENTIAL
TO BE COMPLETED WHEN RENEWING YOUR MEMBERSHIP

Help keep our data base live

THOSE MARKED WITH * MUST BE COMPLETEED.

TITLE*.....MEMBERSHIP NUMBER.....DOB*.....

SURNAME.*.....FIRST NAME*.....

ADDRESS.*.....

.....POST CODE.*.....

*EMERGENCY CONTACT

*Name.....

*Number.....

HOME TEL:*.....MOBILE*.....

EMAIL*.....

REPEAT EMAIL*.....

TYPE OF MEMBERSHIP*

FAMILY.....COUNTRY.....

ROWERS

OVER 18.....UNDER 18.....FAMILY.....

COACH.....RECREATIONAL.....COX.....

VACATION (STUDENT) ROWING.....DEVELOPMENT.....

RACK

INSIDE.....OUTSIDE.....

METHOD OF PAYMENT.....

*Declaration of any changes to your personal health.....

.....
* I declare that I have read and understood CRC Code of Conduct, Club Rules and Privacy Statement. I confirm that CRC may use the contents of this form and other information I may later provide, and that information will be used in confidence and stored securely. I agree to the Club emailing relative to my membership.

Please complete details, attach cheque/cash/complete the above and return to Christchurch Rowing Club, Wick Lane, Christchurch BH23 1HU.