

YORK CITY ROWING CLUB

Application for Senior Membership

Full Name:- _____

Address:- _____

_____ Post Code:- _____

Tel No:- _____ Mobile:- _____

E-Mail :- _____

Emergency Contact details:

Name: _____ Relationship _____ Tel No: _____

I wish to become an Active/ Active Student/ Training/ Social/ Coxswain member (circle as appropriate) of York City Rowing Club. I agree, if elected, to be governed by the Rules and Bye Laws of the Club as set forth in the Rule Book.

Profession, Occupation or other description:- _____

I certify that all the above particulars are correct and that I have paid the appropriate subscription. If applying for Active/ Coxswain membership, I confirm I can swim 100metres and I know of no medical condition which would affect my safety on the water.

Any change in either medical circumstances or emergency contact details should be notified to the Club without delay.

Signature:- _____

For current subscription rates see notice boards

This application should be **sent to Mr E Bacon, 4 Eastern Court, York. along with payment at least 5 clear days** prior to the Committee meeting at which the application will be considered, usually the third Wednesday in the month. All applications have to be supported by two full current members of the club. **No application will be considered until the appropriate subscription has been paid.**

We the undersigned wish to nominate the above candidate as an Active/ Active Student / Training/ Coxswain member of York City Rowing Club. (Delete as appropriate).

It is the responsibility of the proposer and seconder to ensure that this form is fully completed, and that the appropriate subscription has been forwarded to the Membership Secretary and that the prospective member is aware of the Club Rules and Safety Measures.

Proposed by:- _____ Print Name:- _____

Seconded by:- _____ Print Name:- _____

Date of Application:- _____ Date Elected:- _____