

Membership Form

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| --- | --- |
| **Name** |  |
| **Address** |  |
| **Phone** |  |
| **Email** |  |
| **Date of Birth** |  |
| **Emergency Contact Name** |  |
| **Emergency Contact Phone** |  |

**ANNUAL MEMBERSHIP FEES**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Adult** | £45 | **Social (non- rowing)** | £10 | **Student** | £30 | **Under 18** | Free |

I confirm that I have read, understood and agree to abide by the Constitution and Rules & Conditions of Membership.

I give permission for any photograph containing my image to be used for Crail Rowing Club Social Media/Website purposes.

Do you have any particular skills you think might be relevant? For example: Carpentry, DIY, Rowing, Boating, Towing?............................................

Signed................................................................................................

Date....................................................................................................

Please return to David Jerdan by email at david.jerdan@gmail.com

Fee may be paid by bank transfer. Please contact David Jerdan for details.