



ATHLONE BOAT CLUB

MEMBERSHIP APPLICATION FORM

SEASON: 2016/2017

First Name:	
Surname:	
Date of Birth:	
Address:	
Gender:	Male Female
Membership Type:	Rowing
Email:	
Telephone:	
Previous Registration Number (optional):	
Are you a competent swimmer	YES NO
If you have any medical condition/allergies please describe the nature of this condition	

Type of membership (please tick) Membership fees are on the web page

Senior Rowing		Senior Non-Rowing	
Student		Associate	
Junior			

Your application for membership will be considered by the Committee on receipt of completed form together with the appropriate Annual Subscription and Rowing Ireland Registration fee.

I hereby apply for membership of Athlone Boat Club and I agree to abide by the Constitution, Rules of the Club and Child Protection Policy.

Signature: _____