

<b>AFFILIATED CLUB:</b> ROCKY OCC		<b>Club Address:</b> PO BOX 5661, CENTRAL QLD MAIL CENTRE QLD 4702	
<b>MEMBERSHIP RENEWAL - CLUB PADDLER REGISTRATION</b>			
<b>Current Member Information</b>		<b>- Please Note CHANGES ONLY -</b>	
<b>Name:</b>	<b>DOB:</b>	<b>Zone Regis No:</b>	
<b>Mail Address:</b>			
<b>State:</b>	<b>P.Code:</b>	<b>e-Mail:</b>	
<b>Phone (h):</b>	<b>Phone (w):</b>	<b>Mobile:</b>	
<b>PLEASE ENSURE DAY TO DAY CONTACT INFORMATION UPDATES ARE ADVISED TO YOUR CLUB REGISTRAR WITHIN 7 DAYS</b>			
<b>Other Information - PLEASE NOTE CHANGES ONLY</b>			
<b>Next of Kin Name:</b>	<b>Relationship:</b>		
<b>Address:</b>	<b>Telephone:</b>		
<b>Are you a Competent Swimmer ?</b>	< Select Yes/No	Note: to meet AOCRA safety requirements, each Club is required to ensure member swimming competency, through certification or testing	
<b>Do you suffer any Medical Conditions ?</b>	< Select Yes/No	If Yes, please discuss with club registrar / head coach, and please list medical conditions and all pre-existing conditions and injuries: (such as asthma, heart condition, blood pressure, diabetes, etc. )	
<b>Condition</b>	<b>Treatment</b>	<b>Year</b>	
<b>Do you subscribe to State/Territory Ambulance Service ?</b>	< Select Yes/No	If Yes, Please identify which State >	
<b>Are you a Member of a private health care fund ?</b>	< Select Yes/No		
<b>Do you agree for your details to be used for publication ?</b>	< Select Yes/No		
<b>Please note your Occupation:</b>			
<b>MEMBER RENEWAL - FEES PAYABLE</b>			
<b>Your Current Membership and Insurance Cover Expires on:</b>	<b>New Member Year</b>	<b>FEES TOTAL</b>	<b>\$150.00 Social Member</b>
			<b>\$250.00 Racing Member</b>
<b>31-December-2007</b>	<b>2008</b>	<b>\$</b>	<b>\$80.00 Junior Member</b>
<b>PAYMENT METHODS</b>			
<b>Cash, or Cheque Payable to:</b> Rocky Outrigger Canoe Club			<b>M'SHIP FEES</b>
<b>Internet Pay Anyone Transfer To:</b>	<b>Account Name</b>	<b>BSB No.</b>	<b>ACCOUNT No.</b>
	Rocky Outrigger Canoe Club	655-000	100248977
<b>Please Provide a copy of your Internet Payment Receipt with this renewal form</b>			<b>Social: \$150</b>
			<b>Racing: \$250</b>
			<b>Junior: \$80</b>
<p>Once you have paid and we have processed your revised information herein provided, your previous membership Contract is renewed for a further 12 months, and you acknowledge that you continue to be bound by the following Agreements</p> <ul style="list-style-type: none"> <li>- To abide by the Rules, Constitution and Directions of AOCRA Inc and the Club</li> <li>- To accept the terms, exclusions, conditions and limitations of OAMPS Sports Injury and Legal Liability Insurance Contract</li> <li>- To have read and understand the AOCRA Anti-Doping Policy as published at <a href="http://www.aocra.com.au">www.aocra.com.au</a></li> </ul>			
		<b>Paddler Signature</b>	<b>Date:</b>
<b>Renewal Process Completed Signatures</b>			
<b>Club Registrar Signature:</b>		<b>Zone Registrar Signature:</b>	
	<b>Date:</b>		<b>Date:</b>