



APPLICATION FOR MEMBERSHIP

NAME:		DATE OF BIRTH:		
ADDRESS:		Landline No:		
POSTCODE		Mobile No:		
		E-Mail Address:		
TYPE OF MEMBERSHIP PLEASE TICK	FAMILY (One adult plus two or more juniors from the same family or household) £60.00	ADULT MEMBER (18 and over) £40.00	JUNIOR (Under 18) £20.00	SOCIAL £10.00

If Family Membership please provide the following informat on for each addit onal family member:

FIRST NAME	SURNAME	ADULT/ JUNIOR	MALE/ FEMALE	DATE OF BIRTH	CAN SWIM 50M YES/NO

If you are a BCU member or hold any BCU qualif cat ions please provide details:

BCU membership Number:	BCU Qualif cat ions: (Please provide copies of appropriate cert f cates)
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Applicat on for Membership
 Upon acceptance of membership of the Peak Paddlers Canoe Club I understand that canoeing is undertaken at my own risk. I conf rm that I do not suf er from any disability or medical condit on which may render me, or anyone else applying for membership, unf t for strenuous exercise. (Any medical condit on should be declared but will not necessarily preclude you from membership. If in any doubt please seek advice from your doctor)

I conf rm that I am able to swim 50 metres in light clothing.

Please made cheques payable to "Peak Paddlers Canoe Club"

Signature:	Date
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