

## APPLICATION FOR MEMBERSHIP 2024

Please use a black pen to fill in every category on this form.

Family members: please add names and birth dates of your spouse and children.

Surname	Title	First Name	Date of Birth	Type of Membership	

Postal Address		Home Address	
Postal code		Postal Code	
Work number		Cell numbers of all Adults	
Home Number		Fax number	

	Email addresses of all Adults		

Please note that we will send our newsletters via email and any urgent updates or information via a WhatsApp broadcast

Please be rest assured that we will not misuse any of the mentioned communication mediums.

### SPORTING INTERESTS

Tennis		Squash (Lights add)		No sailboats or fishing are allowed by order GWUA. Life jackets must be worn by kayak/canoe/SUP Indemnity form signed
Cricket				
		Rowing		
Other:		(Only members of Elgin Club)		

**Proposed by .....** **Signed by.....**  
Print name of existing Club member "proposing" PRINT name of existing Club member "seconding"

By my signature hereto, I/we agree to abide by:

- \* the provision of the Club's Constitution
- \* the provisions of the Club's code of Conduct
- \* the By-laws governing the different sporting codes & all Rules of the Club

By my signature hereto, I/we confirm that I/we fully understand and accept that I/we use the Club's premises and facilities at entirely my/our own risk. I/we fully indemnify the Club, its members, employees and agents against any losses, damage or injury which I/we may suffer at any time whilst on the Club's property or whilst using any of its facilities, and I/we waive any right to claim compensation for such losses, damage or injury howsoever arising from the Club, its members, employees or agents.

**Applicant Signature.....** **Date.....**

ID no.....

\* By your signature hereto confirm that you have no criminal record.

**Should the applicant NOT know any members, then a copy of ID must be attached.**

**Parent's / Guardian Signature.....**

*Please note that if you are age 17 years or younger one of your parents or guardians must sign this form in the space provided to the left of this block*

### FOR OFFICE USE ONLY

Received by..... Payment Method & Date:.....

Approved by Committee:.....

Date..... Amount paid..... Rec no.....