

Melbourne Rowing Club Inc.

ABN 83 099 024 944

Application for Membership

First Name:	_____	Last Name:	_____	Middle Init:	_____
Date of Birth:	_____	Occupation:	_____		
Address:	_____	City:	_____	State:	_____
Email:	_____				
Ph (AH):	_____	Ph (BH):	_____	Ph (mob):	_____
Emergency Contact:	_____	Emerg Ph:	_____		

Joining Fee (all new members must pay a once-off joining fee) \$150

MEMBERSHIP CATEGORY APPLIED FOR (please tick as appropriate):

Annual Subscription Fees
(see payment advice form for
fee itemisation)

- | | | |
|--------------------------|---|----------|
| <input type="checkbox"/> | Senior (competitive and non-competitive rowers) | \$450.00 |
| <input type="checkbox"/> | Student (rowers who are full-time students under 25 years of age) | \$257.00 |
| <input type="checkbox"/> | Social (non-rowing, members) | \$69.30 |
| <input type="checkbox"/> | Coxswain (non-rowing coxswains) | \$55.00 |
| <input type="checkbox"/> | Coach (non-rowing coaches who do not cox competitively) | \$0.00 |

SPECIAL SKILLS: The club is a volunteer organisation that relies on assistance and participation by members. We would therefore appreciate hearing about any special skills you have that may be of benefit to the club (e.g., coaching, trade, administrative, accounting, etc.):

CLUB TRANSFER – Please indicate below if you are currently or have been in the past a member of another Australian rowing club. Please note that to transfer your membership you must not have any outstanding debts at your previous club.

Name of Previous Club: _____

NOMINATIONS: 1 Nomination and 1 seconder by current COMMITTEE members of the Association are required in order for membership to be accepted. Please note that one of these signatures should be from the Club Captain.

1. I, _____ a member of the Association, **nominate** the applicant, who is personally known to me, for membership of the Association.

Signature of Proposer: _____ **Date:** ____/____/____

2. I, _____ a member of the Association, **second the nomination** of the applicant, who is personally known to me, for membership of the Association.

Signature of Seconder: _____ **Date:** ____/____/____

★★★For Rowing Victoria purposes please attach a photocopy of either your drivers license, passport, birth certificate or other form of identity. ★★★

This is used to confirm your date of birth as it is entered into the Rowing Victoria database, and to ensure that there are no multiple entries for one competitor.

Melbourne Rowing Club Inc.

ABN 83 099 024 944

Application for Membership

Waiver

I understand and acknowledge that rowing is an activity that may cause injury. I participate in all Melbourne Rowing Club activities or external regattas and events at my own risk. I hereby release exempt and indemnify Melbourne Rowing Club, its management committee, its sponsors and agents in respect of all liability whatsoever and however caused whether by negligence or otherwise which may arise in connection with my participation in Melbourne Rowing Club activities or external regattas and events and agree that any conditions implied by the Fair Trading Act 1999 are excluded. This release continues forever and binds my heirs, successors, executors, administrators, personal representatives and assigns.

Application for Membership

I declare that I desire to become a **Senior/Student/Associate/Coxswain/Coach** (circle as appropriate) member of Melbourne Rowing Club Incorporated. In the event of my admission as a member, I agree to be bound by the rules of the Association for the time being in force. I declare that I am a bone fide amateur according to the definition thereof from time to time contained in the rules of the Rowing Australia Incorporated. I declare that I am capable of swimming 50m in full rowing uniform.

For Applicant under 18

I agree to my child taking part in the activities of the Club and understand that these activities will not necessarily be supervised by club officials or coaches. I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and, having parental responsibility for the above child, I give permission for first aid to be administered or, where considered necessary, treatment by a suitably qualified medical practitioner. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

WARNING UNDER THE FAIR TRADING ACT 1999

Under the provisions of the **Fair Trading Act 1999** several conditions are implied into contracts for the supply of certain goods and services. These conditions mean that the supplier named on this form is required to ensure that the recreational services it supplies to you are—

- rendered with due care and skill; and
- as fit for the purpose for which they are commonly bought as it is reasonable to expect in the circumstances; and
- reasonably fit for any particular purpose or might reasonably be expected to achieve any result you have made known to the supplier.

Under section 32N of the **Fair Trading Act 1999**, the supplier is entitled to ask you to agree that these conditions do not apply to you. If you sign this form, you will be agreeing that your rights to sue the supplier under the **Fair Trading Act 1999** if you are killed or injured because the services were not rendered with due care and skill or they were not reasonably fit for their purpose, are excluded, restricted or modified in the way set out in this form

NOTE: The change to your rights, as set out in this form, does not apply if your death or injury is due to gross negligence on the supplier's part. "Gross negligence" is defined in the Fair Trading (Recreational Services) Regulations 2004.

Signature of Applicant: _____ Date: ____/____/____

Name of Applicant: _____

If Applicant is under 18 a parent or legal guardian will need to sign

Signature of Parent or Legal Guardian: _____ Date: ____/____/____

PLEASE NOTE: Membership application cannot be processed unless accompanied by the attached payment advice form and Standing Payment Authority (if you intend to be a competitive member).

Melbourne Rowing Club Inc.

ABN 83 099 024 944

Payment Advice Form for Member Subscription Fees (this form is required for processing of member application)

Membership Subscriptions and Rowing Victoria Affiliations

Classification	Subscriptions	RV Affiliations	Joining Fee	GST	Total \$	Description
Senior:	359.09	50.00	\$150	40.91	600.00	Rowing members
Student:	213.64	20.00	\$100	23.36	357.00	Rowing members who are full time students under 25 years of age
Associate:	55.00	8.00	\$100	6.30	169.30	Social, non-rowing members
Coxswain:	0.00	50.00	N/A	5.00	55.00	Non-rowing coxswains
Coach:	0.00	0.00	N/A	0.00	0.00	Non-rowing coaches who do not cox competitively

Please Indicate Payment Method:

Debit my Credit Card as follows:

<input type="checkbox"/> Visa
<input type="checkbox"/> MasterCard
For the amount of: \$ _____
Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Card Holder Name: _____
Signature: _____

Cheque attached, payable to Melbourne Rowing Club, in the amount of \$ _____

This form and associated payment should be submitted to the attention of the "Club Secretary", directly into the club mailbox (on the outside wall of the club facing east), or post to the address below.

★★★For Rowing Victoria purposes please attach a photocopy of either your drivers license, passport, birth certificate or other form of identity. ★★★

Melbourne Rowing Club Inc.

ABN 83 099 024 944

This page is intentionally left blank except for the following messages.

All potential new members must complete the standing authority form that follows. Your options are:

Competition: Select all boxes that are greyed out. You will not be eligible to compete for the Club without having an authority in place with these boxes selected.

Equipment Storage: Select Boat Storage. You will not be eligible to store equipment in the Club's boatshed without having an authority in place with this box selected.

No Inconvenience: Select all payment types. Your card will automatically be charged whenever your subscriptions fall due, or you incur other charges such as regatta entries and transport.



Melbourne Rowing Club Inc.

ABN 83 099 024 944

Standing Payment Authority

1/2

This authority commences on the ____ / ____ / ____ and will automatically expire at the end of the Club's financial year (30th April)

All members intending to compete, or store equipment in the Club's boatshed, must provide an authority. Your two options are A) authorising the Club to charge a nominated credit card, or B) signifying your commitment to maintain a credit balance on your membership account. Only financial members with an active authority are permitted to enter and compete for the Club, or store equipment in the Club's boatshed.

You must complete this form if you intend competing in regattas or store equipment in the Club's boatshed. You can also automate payment of all transactions on your membership account by selecting all payment types.

Option A – Charge my credit card

This authority applies to the following payments types (tick options):

- | | |
|--|--|
| <input type="checkbox"/> Annual membership subscriptions | <input type="checkbox"/> Regatta transport |
| <input type="checkbox"/> Rowing Victoria affiliations | <input type="checkbox"/> Boat Storage |
| <input type="checkbox"/> Regatta entries | <input type="checkbox"/> Other fees recorded on my Statement |
| <input type="checkbox"/> Regatta Fines | |

Required for:

- You must select if you intend competing
- You must select if you wish to store equipment in the Club's boatshed

My preferred payment options are (select one):

Minimum Payment authorised: \$_____ and the Maximum Payment authorised: \$_____

(Suggest minimum of \$25.00. Maximum will depend on the payment types selected above, with the default being \$100.00)

- Immediately amounts are due. The specified minimum payment will be charged each time.
- Charge when amounts greater than nominated minimum are due.
- Charge Weekly when amounts are greater than nominated minimum.
- Charge Monthly when amounts due are greater than nominated minimum.

My preferred statement options (select one):

- Immediately charges are applied to statement
- Monthly
- Quarterly
- Half Yearly

Email Options (select one):

- All events
- Charges Applied
- None

My Credit Card details are:

- Visacard
- Mastercard

Card Number: _____ Expiry Date: ____ / ____

Card Holder: _____ Signature: _____

Please also complete the contact details below.



Melbourne Rowing Club Inc.

ABN 83 099 024 944

Standing Payment Authority

1/2

Option B – I will maintain a credit balance on my membership account

I commit to maintaining a credit balance of at least \$50 on my membership account.

In selecting this option, I understand that:

1. I will not be entered in regatta's if my membership account balance has a positive (debit) balance, and
2. I will need to transfer funds to the Club from time to time to return my account to a negative (credit) balance, and
3. I will not be entered until the transferred funds are received and processed by the Club's treasurer, and
4. I will receive regular statements by email so that I can monitor the balance of my account.

Signature: _____ Date: ____ / ____ / ____

Please also complete the contact details below

Contact details

My Name: _____

Preferred contact number: _____

Contact email address: _____

Please note that all correspondence occurs by email. If you do not have an email address, please make arrangements with a member you train with regularly, and advise their address. They will need to keep you informed of actions that you need to take.

Please also note that your phone and email may be changed on your membership records if they are different to those provided above. If you have changed your home address or phone numbers in recent months, please also advise the secretary via secretary@melbournrowing.com.au and the treasurer via treasurer@melbournrowing.com.au

Additional Notes:

1. You must provide an email address. The Club will notify you when payments have been charge to your credit card or your credit balance is less than \$30.00, and will also notify you should any payment be rejected.
2. The Club will contact you by email when your card expires or is rejected to request an updated authority.
3. The Club will contact you by email in April to seek approval to roll forward your standing authority to the next year. You will need to confirm your agreement by email.
4. You can vary your authority at any time by providing a new authority. These can be downloaded from the Club's web site, or obtained from the Treasurer.
5. You can terminate your authority at any time by emailing the Treasurer on treasurer@melbournrowing.com.au requesting your authority be inactivated. This will prevent you from competing and storing equipment in the Club's boatshed.