

AFFILIATED CLUB: <b>PANAMUNA OCC</b>	Club Address: <b>PO BOX 925 MOOLOOLABA Q 4557</b>
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**MEMBERSHIP RENEWAL - CLUB PADDLER REGISTRATION**

**Current Member Information - Please Note CHANGES ONLY -**

Name:	Zone Regis No:
Address:	
City:	State: <b>QLD</b>
e-Mail:	
Mobile:	

**Other Information - PLEASE NOTE CHANGES ONLY**

Next of Kin Name:	Relationship:
Address:	Telephone:

Are you a Competent Swimmer ?	< Select Yes/No	<small>Note: to meet AOCRA safety requirements, each Club is required to ensure member swimming competency, through certification or testing</small>
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Do you suffer any Medical Conditions ?	< 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. )	

Condition	Treatment	Year

Do you subscribe to State/Territory Ambulance Service ?	< Select Yes/No	If Yes, Please identify which State >
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Are you a Member of a private health care fund ?	< Select Yes/No
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Do you agree for your details to be used for publication ?	< Select Yes/No
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Please note your Occupation: \_\_\_\_\_

**MEMBER RENEWAL - FEES PAYABLE**

Your Current Membership and Insurance Cover Expires on:	New Member Year	FEES TOTAL
<b>30-September-2017</b>	<b>2018</b>	<b>\$230</b>

**PAYMENT METHODS**

<b>Cash, or Cheque Payable to:</b>			
<b>Internet Pay Anyone Transfer To:</b>	<b>Account Name</b>	<b>BSB No.</b>	<b>ACCOUNT No.</b>
	<b>Panamuna Outrigger Canoe Club</b>	<b>014 650</b>	<b>101 298 985</b>
<b>Please Provide a copy of your Internet Payment Receipt with this renewal form</b>			

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

- To abide by the Rules, Constitution and Directions of AOCRA Inc and the Club
- To accept the terms, exclusions, conditions and limitations of I.E.A. Sports Injury and Legal Liability Insurance Contract
- To have read and understand the AOCRA Anti-Doping Policy as published at [www.aocra.com.au](http://www.aocra.com.au)

<b>Paddler Signature</b>	<b>Date:</b>

**Renewal Process Completed Signatures**

Club Registrar Signature:	Date:	Zone Registrar Signature	Date: