



## **Deben Canoe Club Membership Form 2012**

**Full name**.....  
**Address**.....  
.....**Postcode**.....  
**Telephone**.....**Mobile**.....  
**E-mail**.....  
**D.O.B.(If under 18)**.....**Sex**.....**BCU No.**.....

**Membership Type** (Tick as appropriate)

- |                                                                          |               |                     |               |
|--------------------------------------------------------------------------|---------------|---------------------|---------------|
| <input type="radio"/> <b>Junior (11 to 16 years)</b>                     | <b>£15.00</b> | <b>Payment Type</b> |               |
| <input type="radio"/> <b>Student (16 years + in full time education)</b> | <b>£15.00</b> |                     |               |
| <input type="radio"/> <b>Senior (Not in full time employment)</b>        | <b>£20.00</b> |                     |               |
| <input type="radio"/> <b>Senior</b>                                      | <b>£30.00</b> | <b>Cash</b>         | <b>Cheque</b> |
| <input type="radio"/> <b>Family</b>                                      | <b>£45.00</b> |                     |               |

**Information** (Tick as appropriate)

- I am happy for my name, address, telephone number and E-mail address to be stored on computer for the sole use of Deben Canoe Club.
- I am happy for my name, address, telephone number and E-mail address to be included on a circulation list to Deben Canoe Club members.
- I am happy for any photography and video taken to be used to promote the club.
- I confirm that I can swim at least 25 metres in light clothing and agree to abide by the rules of the club.

**Signature of Member / Parent or Guardian (if under 18 years)**.....**Date**.....

**Declaration**

Upon acceptance into membership of the Deben Canoe Club I understand that canoeing is undertaken at my own risk. I confirm that I do not suffer from any disability or medical condition which may render me unfit for strenuous exercise.

**\*Signature of Member / Parent or Guardian (if under 18 years)**.....**Date**.....

**\*Should a medical condition exist, this will not necessarily preclude you from membership / participation, but it must be declared. Should you be in any doubt, advice should be sought from your family doctor**

**Qualifications and or Capabilities**

**Would like to work towards**

**Other comments / requirements**

**Please return completed form(s) with remittance, payable to Deben Canoe Club, to :**

Frank Hilder, Old Corner Shop, Woodbridge Road, Tunstall. Suffolk.IP12 2JE      01728687541

**Please submit one form for each individual regardless of membership type.**

**[www.beusuffolk.org.uk/debence](http://www.beusuffolk.org.uk/debence)**