

AUSTRALIAN OUTRIGGER CANOE RACING ASSOCIATION INC
ABN 20 584 327 165 TAX INVOICE

AFFILIATED CLUB:		Club Address:	
MEMBERSHIP RENEWAL - CLUB PADDLER REGISTRATION			
Current Member Information			
Name:		Zone Regis No:	
Address:			
City:		State:	
e-Mail:			
Mobile:			
Other Information			
Next of Kin Name:		Relationship:	
Address:		Telephone:	
Are you a Competent Swimmer ?	< Select Yes/No	Note: to meet AOCRA safety requirements, each Club is required to ensure member swimming competency, through certification or testing	
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 >	
Are you a Member of a private health care fund ?	< Select Yes/No		
Do you agree for your details to be used for publication ?	< Select Yes/No		
Do you consent for your name and/or image to be used in media content by the CCOCC?	< Select Yes/No		
Are you a Level 1 Specific Outrigging Coach	< Select Yes/No	Certificate No.	Are you coaching in 2015/16 < Select Yes/No
Copy of Certificate Attached	< Select Yes/No	Please note your occupation:	
MEMBER RENEWAL - FEES PAYABLE			
Your Current Membership and Insurance Cover Expires on:	New Member Year	Annual Fee Senior	Annual Fee Junior
31st October 2016	2016-17	\$200	9-16 years - \$75.00 17-21 years - \$100
PAYMENT METHODS			
Cash, or Cheque Payable to:		Cradle Coast Outrigger Canoe Club	
Internet Pay Anyone Transfer To:	Account Name	BSB No.	ACCOUNT No.
	Cradle Coast Outrigger Canoe Club	067 400	1032 8759
Please Provide a copy of your Internet Payment Receipt with this renewal form			
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			
<ul style="list-style-type: none"> - To abide by the Rules, Constitution and Directions of AOCRA Inc and the Club - To accept the terms, exclusions, conditions and limitations of OAMPS Sports Injury and Legal Liability Insurance Contract - To have read and understand the AOCRA Anti-Doping Policy as published at www.aocra.com.au 		Paddler Signature	Date:
Renewal Process Completed Signatures			
Club Registrar Signature:	Date:	Zone Registrar Signature	Date: