

# *Lowestoft Rowing Club*

## *Membership Application Form*

*I wish to become a member of the Lowestoft Rowing Club, and agree to abide by its Rules and Byelaws, and to pay all subscriptions and outing fees when these are due.*

*I certify that I/we can swim 50 metres in light clothing.*

*Name:*

*Phone (preferred):*

*Phone (alternative):*

*E mail:*

*Address:*

*Contact name and telephone number in case of emergency:*

*Signature:*

*Date:*

*For Junior members (under 18 yrs)*

*Date of Birth:*

*I consent to my son/daughter becoming a member of the Lowestoft Rowing Club.  
I confirm that they can swim 50 metres in light clothing.*

*Name of parent/guardian (please print):*

*Signature of parent/guardian:*

*Date:*