	Application / Renewal Form						
	Name:						
ISLE OF PORTLAND	Address:						
CANOE CLUB	Postcode: Date of Birth:						
	Landline:						
Contact Numbers	Mobile:						
Email address:							
Emergency Contact Details		Name:					
(This contact will only be used in an emergency)		Number:					
Medical Conditions:							
British Canoeing Membership No: British				h Canoeing Expiry:			
Kayaking Experience							
British Canoeing Qualifications							
Award	Date Achieved		Award			Date Achieved	
					F #37		
2024/25 Membership					Full Year	October-March	
Subscription (April 24 Moreh 25)		Paddle UK (BC) member			£20	£10	
(April 24-March 25)		Non member £23			£13		
Upon acceptance into member own risk. I confirm that I do not exercise. Should a medical corbut it must be declared. Should Participants are responsible	suffer from and adition exist, the dyou be in any	ny disability nis would no y doubt, adv	or medical of t necessarily rice should b	con y p oe s	dition which may render reclude you from membe sought from your family o	me unfit for strenuous ership or participation, loctor.	
damage of property that may					and my for any might y o	. p3/00/10, 0/ 1000 a/10	
Signed					Date		

Please either email form to <u>treasurer@iopcc.org</u> and pay by BACS Sort Code 30-99-56 A/C 02013775

Or hand to a committee member at a club event and pay by cheque payable to Isle of Portland Canoe Club, or pay the committee member by cash (but this is the least preferred option).

Personal details provided on this application form will be stored electronically. The signing of this form will be taken as acknowledgement of this and permission to do so. All information provided will be used solely for the running of the lsle of Portland Canoe Club and will not be disclosed to any third party unless necessary for the running of the club or if compelled to by law.