

# Kirra Surfriders Club

Application for Membership

PLEASE PRINT CLEARLY

Established 1962

PO Box 550 Coolangatta Qld 4225

Website: www.kirrasurfriders.com

Name		Membership number		Gender	Male or Female
Address					
DOB	Age	Do you hold a first aid certificate (Yes or No)			
Phone	Mobile	Email			
Do you suffer from any medical illnesses (if yes give details)					
		Doctor		Phone	
Brief surfing history					
Previous club(s)					
Have you resigned (Yes or No)					
Sponsors					

Member who is nominating you		Signed	
		Length of acquaintance	(years)
Member who is seconding you		Signed	
		Length of acquaintance	(years)

Application fee: Over/18 \$50.00 membership \$30.00    18 and under application fee: \$10.00 membership \$5.00

Application date:		Application fee paid date	
-------------------	--	---------------------------	--

Division	[CADET] [JUNIOR] [OPEN MENS] [WOMEN] [SENIOR MENS] [MASTERS] [GRAND MASTERS]
----------	--

Boardshort size		T-shirt size	
-----------------	--	--------------	--

Note: Membership fees are due and payable by all members as at the 1st January each year

ALL SECTIONS OF THIS APPLICATION FORM ARE TO BE COMPLETED

I have read and will comply with the above

Applicants signature		Date	
----------------------	--	------	--