



MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS USING BLOCK LETTERS

PERSONAL DETAILS		
Surname		
First Name		
Gender	Male	Female
Date of Birth		
Street Address		
Suburb / Postcode		
Mobile		
Email		
Medical Conditions (please list)		
SWIMMING ABILITY (Members tested annually)		
Able to swim 400m in open water	Yes	No
Able to tread water for 5 minutes	Yes	No
OTHER		
Sports, Hobbies & Interests (please list)		
How did you hear about Melbourne Outrigger Canoe Club		

By signing this document and applying for membership to MOCC, I acknowledge that I have read the information contained within the 'Member Information' and agree to abide by the rules and concepts described in sections:

2. VALUES AND EXPECTATIONS (page 6)
3. USAGE OF CLUB BOATS AND CLUB EQUIPMENT (page 7 & 8)
4. CREW SELECTION CRITERIA (page 9 & 10)

Name	Signature	Date
Applicant		
Nominated by (MOCC member)		
Seconded by (MOCC member)		

PLEASE RETURN COMPLETED FORM TO MOCC REGISTRAR