



Date membership paid: / /

Receipt No.....

Membership Form

All OLBC members are required to complete this membership form. Membership runs from September 1st – August 31st. Indicate why you are completing this form:

- NEW MEMBERSHIP
 RENEWAL
 UPDATE TO DETAILS

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms
NAME				
ADDRESS				
E-MAIL				
MOBILE #				
DATE OF BIRTH *				

* We need your date of birth to determine which age division you are completing in.

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	MEMBERSHIP DUES (Annual)	Please Check	MEMBER TYPE	MEMBERSHIP DUES (Annual)	Please Check
18 OR OVER	\$45	<input type="checkbox"/>	SOCIAL (no comps)	\$20	<input type="checkbox"/>
17 OR UNDER	\$20	<input type="checkbox"/>	1ST YEAR WOMEN	FREE	<input type="checkbox"/>
FAMILY	\$60	<input type="checkbox"/>	1ST YEAR JUNIOR	FREE	<input type="checkbox"/>

PAYMENT METHOD	<input type="checkbox"/> Cash @ Club Meeting [1ST WED OF EVERY MONTH @ 7.30pm OREWA SURF LIFESAVING CLUB, MAIN ROAD, OREWA] <input type="checkbox"/> Online Payment a/c 06 0383 0145150 01 'Orewa Longboard Club' include your first name for reference
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SECTION 3: MEMBER DECLARATION

- I understand and acknowledge that surf activities are dangerous and that there are inherent risks which may result in serious injury to me, and that waves/ocean can act in a sudden and unpredictable way.
- I declare that I do not have any medical or physical conditions that would affect my participation in the activity. (E.g. please advise the Club of asthma, previous broken bones, dislocated joints, diabetes, allergic reactions, any disabilities, etc. That may affect your safety and the safety of others)
- I authorise the Club to arrange medical or hospital treatment as necessary and I agree to pay for all associated costs.
- I understand that my signature to this document constitutes a complete and unconditional release or all liability of the Club to the greatest extent allowed by the law in the event of me and/or the children under my care, suffering injury or death.

Signature: _____

Date: _____

Parent / Legal Guardian Consent: (applicants under 18 years of age). I have read and understood and agree to the declaration of this application and consent to the declaration for the applicant.

Name: _____ Signature: _____ Date: _____

✓ **FREE MONTHLY COMP ENTRY** ✓ **FREE COMP SAUSIES & DRINKS** ✓ **BRAND NEW BOARD DRAW**

STAY IN TOUCH → Email: surf@orewalongboardclub.com website: www.orewalongboardclub.com