



**If membership is granted I agree to abide by the Rules of MRC & RQI.**

I am able to swim 100 metres. Yes No

Do you suffer from any complaint that the club should be aware of that may inhibit your ability to participate in active sport or present a danger to yourself or others eg epilepsy/asthma/heart condition. Yes No

Signed Applicant ----- Date: -----

**If under 18 yrs of age a Parent/Guardian must also sign**

Name Parent/Guardian -----

Signed Parent/Guardian ----- Date: -----

Please complete this form and put in Yellow box in Office or give to a Committee Member

Direct Debit Banking Details  
**Murwillumbah Rowing Club**  
BSB **082-738**  
Account # **57-492-6259**  
Please include your name in details

MRC Postal Address  
**Murwillumbah Rowing Club**  
P.O. Box 846  
Murwillumbah, NSW 2484

Make cheques payable to: Murwillumbah Rowing Club

For more information, including the Members Handbook – see our website.

[www.murwillumbahrowing.com.au](http://www.murwillumbahrowing.com.au)