

Nelson Canoe Club Inc.

PO Box 793, Nelson 7040

Phone: 027 247 4200

Website: www.nelsonkayakers.co.nz

Name:(include first name/s)

Postal Address:

Phone:

Work/Mobile:

e-Mail:

Current Subscription fees [2011/12 season] - please tick the amount paid.

Direct credit to 03-0703-0453735-00 with your name and "SUBS" in the reference.

Family	\$60.00	<input type="checkbox"/>		Student/Retired	\$30.00	<input type="checkbox"/>
Senior/Adult	\$45.00	<input type="checkbox"/>		Associate (polo)	\$10:00	<input type="checkbox"/>

Your Interests: please tick **White-water** **Sea** **Polo**

Your paddling ability: please complete if you are interested in Whitewater or Sea kayaking

WW Grade: please tick

1	2	2+	3	3+	4	5
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Sea kayaking: **Sheltered coastlines** **Exposed coastlines**
e.g. Abel Tasman, Inner Sounds e.g. D'urville Is, Outer Sounds

Rolling ability: **Right:** Never Sometimes Usually Always
Left: Never Sometimes Usually Always

Rescue ability: Can self rescue Can do basic rescue of others Can do a wide range of rescues

Paddling experience: please give a brief description of your paddling experience (if any)

Kayaking courses & qualifications: please list kayaking/safety/first aid courses attended (with dates if possible) and any qualifications gained

Club activities: please indicate your interest in the following

Pool activities / rolling practice Coordinating/leading group paddles (trips)
 Rolling instructors clinic Instructing or assisting with beginners course

In accordance with the Privacy Act 1993, I consent to the collection of the above details by the "Nelson Canoe Club Inc" for the purpose of club membership records, directories, and for the club to retain, use, and disclose this information to the "White Water New Zealand Inc" and other interested parties unless specifically advised to the contrary. I acknowledge my right to access and correct this information. I agree to abide by the club's constitution.

Tick here if you do not want your details to be published or disclosed.

Tick here if you do not want to be on the email circulation list.

Your Signature Please: _____

(or signature of legal guardian if under 18 years of age)

FOR CLUB USE: YEAR: #: DATE PAID:

Membership Type: Renewal New member