

# Wallingford Rowing Club

## *Temporary Membership Application Form*

Name:
Mr/Mrs/Miss/Ms
Address:
Postcode:
Home telephone no:
Work telephone no:
Email address:
Date of birth:
Can you swim a minimum of 100 metres in light clothing and shoes?      Yes/No
<i>I wish to apply for temporary membership of Wallingford Rowing Club, and certify that the details above are correct, I am over 16 years old and will comply with the rules of Wallingford Rowing Club and the Amateur Rowing Association Water Safety Code of Practice.</i>
<i>All outings by temporary members must be supervised by an experienced fully paid member of the club.</i>
Signed:
Date:

Please return this form to:  
Membership Secretary  
Wallingford Rowing Club  
Thames Street  
Wallingford  
OX10 0HD