

# GOONDIWINDI RIVER DRAGONS INC.

## MEMBERSHIP APPLICATION/RENEWAL

APPLICANTS NAME: .....

Birth Name Middle Name Surname

GENDER (Circle One): M / F

DATE OF BIRTH: ...../...../.....  
Day Month Year

POSTAL ADDRESS: .....

TOWN/CITY: ..... POSTCODE: .....

RESIDENTIAL ADDRESS: .....

TOWN/CITY: ..... POSTCODE: .....

HOME PHONE: ..... MOBILE: .....

WORK PHONE: ..... FAX: .....

EMAIL ADDRESS: .....

OCCUPATION: .....

*Medical: If you have any medical condition that may affect your or the safety of the public a medical practitioner should be consulted before commencing any dragon boat activity. If you have any concern or a medical matter please discuss with the club prior to completing the form or advice any member on the committee.*

**Please List Medical conditions if any:**

.....  
.....  
.....  
.....

**DO YOU HAVE ANY MEDICAL QUALIFICATIONS (First Aid Certificate or CPR Accreditation etc)?**

Qualification: ..... Expiry date: .....

Qualification: ..... Expiry date: .....

Qualification: ..... Expiry date: .....

**Please return form with payment to:**  
**Goondiwindi River Dragons Inc, PO Box 1404, Goondiwindi, Qld 4390, Australia**

