

**Membership
Number:**

Austin Outrigger Canoe Club's Membership Application

Last: _____ First: _____ Middle Initial: _____

Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ E-Mail: _____

Spouse's Name: _____ Membership Number if Applies: _____

Children's Names and Dates of Birth: a) _____

b) _____ c) _____

d) _____ e) _____

Place of Employment: _____ Occupation(s): _____

Paddling Experience: _____

Boat/Equipment Owned: _____

Type of paddling preferred: _____ Wave Riding _____ Racing
_____ Local Day Trip _____ Expedition _____

Are you interested in serving on a committee? _____ Can you Swim? _____

Doctor's Name: _____ Phone Number: _____

Person to Contact in case of an emergency: _____

Person's Phone Number: _____

Any Medical History That Should Be Known: _____

If minor Legal Guardian Name: _____ Signature: _____

Guarantor for Minors and No. _____ Signature _____

I hereby apply for membership at the Austin Outrigger Canoe Club and if accepted agree to abide by the Bylaws, rules and regulations now in effect, or which may hereafter be adopted. I also agree that the Admissions Committee of the AOCC may make such investigation, as it deems necessary or appropriate. I certify that all statements made on this application are true and complete to the best of my knowledge and that any misrepresentation or omission is sufficient grounds for withdrawal of application.

Print Applicant's Name _____ Applicants Signature _____ Date _____

Sponsors Signature and Membership Number (min. 4):

a) _____ b) _____

c) _____ d) _____

Approved By: _____ Date: _____

Approved By: _____ Date: _____

AOCC STAMP: