

# Application for Club Associate Membership

Completed form to be sent to:

- ◆ By Post to: **John Flynn, Bella Vista, Ballinahinch Middle, Newtownmountkennedy, Co. Wicklow.**
- ◆ Or alternatively, the completed form can be scanned electronically and then sent by e-mail to: **administrator@coastalrowing.net**

Club Name: <span style="float: right; font-weight: bold; font-size: 1.2em;">Rowing Club</span>	
Principal Base for Club's Activities (Town / Village):  .....  .....	What are the Club's Principle Rowing Activities?  Fixed Seat Rowing <input type="checkbox"/> Olympic Type Rowing <input type="checkbox"/> Coastal Rowing <input type="checkbox"/> River/Lake Rowing <input type="checkbox"/>
Is your Club affiliated to any other Rowing Organisation?  No <input type="checkbox"/> Yes <input type="checkbox"/> * *Name of that Organisation:  Is there anything in the Rules or Instructions of that organisation that precludes your club from becoming an Associate Member of the ICRF?  No <input type="checkbox"/> Yes <input type="checkbox"/> *  *If Yes, what?	Does the Club participate in Rowing Competition:  No <input type="checkbox"/> Yes <input type="checkbox"/> *  Provide some typical examples of types of competition and against whom (Clubs):    What type(s) of boat(s) does your club own or row:

### Contact Details for Correspondence

Name:	Club Status:  Secretary <input type="checkbox"/> Chairman <input type="checkbox"/>
Address:  .....  .....	Telephone No. (Secretary):  E-Mail Address (Secretary):  .....
	Telephone No. (Chairman):  E-Mail Address (Chairman):  .....

### To be Signed by both the Club Secretary & the Club Chairman:

- We wish to apply to the Irish Coastal Rowing Federation to become affiliated to the Federation as Associate Members and we agree to be bound by the Rules, Policies and Decisions of the Irish Coastal Rowing Federation, its Officers & Authorised Representatives.
  - ◆ In particular, we confirm that we are familiar with the ICRF **Code of Ethics and Good Practice for Children in Irish Coastal Rowing** and we agree to be bound by the Code and all of its requirements and aims.
  - ◆ We understand that Associate Membership entitles our club to fully participate in the All-Ireland Coastal Rowing Championships with the same entitlements and responsibilities as all other clubs participating.
  - ◆ We understand that our club is entitled to attend ICRF Delegate & General Meetings but that we do not have any entitlement to vote.
  - ◆ Upon acceptance by the ICRF of our application for Associate Membership, we agree to pay upon demand an Annual Associate Membership Fee (currently €100.00). If this fee is not paid by the due date, we understand that our Associate Membership will lapse.

Signed: <span style="color: grey; font-weight: bold; font-size: 1.1em;">Club Secretary</span>	Signed: <span style="color: grey; font-weight: bold; font-size: 1.1em;">Club Chairman</span>
Date:	Date:

### FOR ICRF USE ONLY BELOW THIS LINE

Date Rec.:	Approved: No <input type="checkbox"/> Yes <input type="checkbox"/>	Date:	Date Advice Sent:	Date Fee Received:
Signed: <span style="color: grey; font-weight: bold; font-size: 1.1em;">ICRF Secretary</span>	Date:			