

**MEMBERSHIP FORM for 2010-2011 for all membership categories**  
(Please print ALL DETAILS)

Your membership category-please circle: **FULL \$200**      **ASSOCIATE \$45**      **FRIENDS \$45**      **DUAL \$45**  
Please see table on p2 for details of categories.

**NAME IN FULL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

Date of Birth :    /    /

Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Mob)

**E-mail** \_\_\_\_\_ **Southern Cross Club No:** \_\_\_\_\_ **CDBA No:** \_\_\_\_\_

I undertake to abide by the rules of the Canberra Dragon Boat Association Inc. I also undertake to notify my Doctor that I am participating in this sport, and if, at any time, I feel unable to continue will immediately withdraw until I have checked with my Doctor.

As declared on the CDBA Membership form I will wear a PFD (personal flotation device) if I am unable to swim 50 metres unaided. **If I do have an accident and am not wearing a PFD I will not hold the Canberra Dragon Boat Association nor Dragons Abreast Australia liable.**

Dragons Abreast Australia (ACT & region) will endeavour to keep costs beyond membership at a minimum but there may be costs involved in entering events outside Canberra.

**I WAIVE ALL AND ANY CLAIM, RIGHT OR COURSE OF ACTION AGAINST DRAGONS ABREAST AUSTRALIA LIMITED AND WILL NOT HOLD THEM OR DRAGONS ABREAST AUSTRALIA (ACT) RESPONSIBLE FOR ANY ACCIDENT OR ILLNESS WHICH MAY OCCUR DURING MY PARTICIPATION IN EITHER TRAINING, RACING OR OTHER EVENTS.**

**Privacy:** All records are maintained on the DA ACT database. Contact details are distributed to DA ACT members only.

I consent to my details being distributed to DA ACT members.    **YES**    /    **NO**

Details include – Name, Email address, home phone and mobile phone numbers.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

**Membership** 01/09/2010 - 31/08/2011: **Full \$ 200.00** Associate, Friends and Dual **\$45.00**

**If YOU ARE A DUAL MEMBER, WHAT IS YOUR SPORTING DRAGONBOAT CLUB?.....**

**Breast Cancer Survivor**    YES/NO

Do you receive the \*BCNA Beacon?    YES / NO    If **no**, would you like to?    Y

(\*Breast Cancer Network Australia supports the interests of breast cancer women & men)

Can you swim 50metres in paddling clothes? YES/NO

**EMERGENCY CONTACT DETAILS**

**Name**.....**Relationship**.....

**Phone:**.....(H).....(WK).....(Mob)

**Office use only:**

**Received from**.....**for: Full/Assoc/Friends/Dual 2010-2011 m'ship**

**PAID \$** \_\_\_\_\_ **cash / cheque#**..... **Date** \_\_\_\_\_ **Receipt No.**.....

Please make cheques payable to 'Dragons Abreast ACT'

**DAACT Membership: NEW ASSOCIATE , FRIENDS and DUAL Members Entitlements-2010-2011**

	<b>ASSOCIATE &amp; FRIENDS</b>	<b>DUAL</b>
Definition	<p>An ASSOCIATE member is a non-paddling Survivor.</p> <p>FRIENDS are closely involved with a Survivor, or have demonstrated an understanding of the ethos of DAA, or are involved professionally with Survivors.</p> <p>FRIENDS need to fill in Membership Application pages 1 &amp; 3 .</p> <p>PADDLING FRIENDS are FULL MEMBERS</p>	<p>DUAL members are Survivor or Supporter paddlers who belong to an ACT sporting dragon-boat club as their primary club and who would like some involvement with DAACT.</p> <p>DUAL Supporters should meet the FRIENDS definition and fill in Membership Application pages 1 &amp; 3 .</p>
Fee payable p.a.	\$45	\$45
Paddles/year	3 social paddles	By invitation/ negotiation: contact Coordinator
Voting rights at meetings & nomination for Committee positions	Nil	Nil
Participation in Survivor crews in regattas eg Chinese New Year, DAA/DAACT regattas	No	Yes, if Survivor
Participation as part of a DAACT crew in CDBA/State/National regattas	No	Yes, by invitation/negotiation: contact Coordinator
Participation in DAA Supporter crews e.g. at Chinese New Year (CNY)	Yes, for FRIENDS only	Yes
Attend social functions	Yes	Yes
Receive Newsletters & ability to subscribe to DAACT group- emails	Yes	Yes

## PLEASE NOTE:

- Interested Paddling Friends or Dual Supporter members “should be aware that Dragons Abreast Australia is a breast cancer group – Survivors of breast cancer MUST come first. This awareness is important to ensure there is no cause for distress at a later date if, for instance, an occasion arises where they need to stand aside to allow a Survivor to have their place in a boat.” (From *Individual Guide to Dragons Abreast Australia*, published by Dragons Abreast Australia, Darwin NT, 2009, p 15).
- Final decisions on the eligibility of individuals to join as Paddling Friends or Dual Supporter members of DAACT will be made by the elected Committee of Dragons Abreast ACT, after the receipt of the additional application form on p 3.

**DAACT – ADDITIONAL APPLICATION FORM FOR NEW FRIENDS MEMBERSHIP 2010-2011**

Applicant's Name		
Phone	Home	Mobile
Email		
Reasons for applying for FRIENDS membership		

**Please circle the FRIENDS membership criteria you meet (A or B below)**

**A** *The potential FRIENDS member should be a partner, family member, particularly close friend/potential carer of a survivor member.*

**OR**

**B** *The potential FRIENDS member should have demonstrated an understanding of the ethos & work of DAA by significant involvement with DAA groups/activities or be involved professionally with Survivors.*

**If A** please complete this table:

Name of survivor you are supporting	
Signature of survivor you are supporting	Date:

**If B** please complete this table:

Please outline how you meet criteria <b>B</b>  <i>(please write on another sheet if more space is required)</i>	
Name & contact details of referee	

Any other Comments (All applicants)	
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Thank you for taking the time to complete this application. It will be forwarded to the DAACT committee for consideration at its next meeting and you will be notified as soon as possible of the results.

Date Received ..... Date for Committee consideration .....