



La Trobe University Rowing Club Inc. Membership Application Form

All prospective members of La Trobe University Rowing Club (LURC) are required to complete this application form in full and return it to the Club Secretary. Your application will be submitted at the next LURC Committee meeting before you are granted membership.

APPLICANT CONTACT DETAILS		
First Name:	Last Name:	
Date of Birth:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:		
Suburb:	State:	Postcode:
Contact Number:	Occupation:	
Email:		

Email address required as it's the Club's main method of communication with its members.

EMERGENCY CONTACT DETAILS	
First Name:	Last Name:
Contact Number:	Relationship:

STUDENT STATUS/INFORMATION <i>(if applicable)</i>	
<input type="checkbox"/> La Trobe Student	<input type="checkbox"/> Non La Trobe Student
<input type="checkbox"/> La Trobe Alumni	If La Trobe Student, Student ID: _____

MEMBERSHIP FEE			
Please select the membership type you are applying for. Membership of the Club is from 1 st July of the membership year until 30 th June of the following year. This period reflects the annual Victorian competitive rowing season which ordinarily concludes with the State Championships in February/March.			
<input type="checkbox"/> Full Member	\$709	<input type="checkbox"/> Social Member	\$10
<input type="checkbox"/> La Trobe Student	\$574	<input type="checkbox"/> Learn to Row	\$10
<input type="checkbox"/> Other Tertiary Student	\$594	<input type="checkbox"/> Life Member/Coxswain Only	\$0
<input type="checkbox"/> Secondary Student	\$534	<input type="checkbox"/> Single Scull Storage	\$250

MEMBERSHIP FEE PAYMENT STRUCTURE OPTIONS

To ensure members can pay their membership fee in a manner that works for them, we offer two payment options. Either a lump sum payment of the annual membership, or an initial season sign up fee and the balance paid by 12 monthly direct debits. Please select a payment option that works best for you. Note: these payment options do not apply to Social Members, Learn to Row applicants, Life Members and Coxswains.

Option 1: One Annual Payment

- | | | | |
|---|-------|---|-------|
| <input type="checkbox"/> Full Member | \$709 | <input type="checkbox"/> Other Tertiary Student | \$594 |
| <input type="checkbox"/> La Trobe Student | \$574 | <input type="checkbox"/> Secondary Student | \$534 |

Option 2: Monthly Direct Debt

Initial season sign up fee and balance paid by 12 monthly direct debits of \$32

- | | | | |
|---|------------------------|---|------------------------|
| <input type="checkbox"/> Full Member | \$325 + \$32 per month | <input type="checkbox"/> Other Tertiary Student | \$210 + \$32 per month |
| <input type="checkbox"/> La Trobe Student | \$190 + \$32 per month | <input type="checkbox"/> Secondary Student | \$150 + \$32 per month |

NOMINATION FOR MEMBERSHIP

Membership applications are only accepted if the applicant has received one nomination and one seconder by current financial members of the Club.

I, _____, a member of the Club, **nominate** the applicant who is personally know to me, for membership of the Club.

Signature: _____ Date: _____

I, _____, a member of the Club, **second the nomination** of the applicant who is personally know to me, for membership of the Club.

Signature: _____ Date: _____

APPLICANT AGREEMENT

I, _____ desire to become a member of La Trobe University Rowing Club Inc.

In the event of my admission as a member, I agree to be bound by the rules, codes and policies of La Trobe University Rowing Club Inc. for the time being in force. I agree to faithfully obey all rules and regulations in force at any time and be responsible for any moneys accounted to my name, up to the time my resignation has been received in writing by the Secretary of the Club.

Further, by signing this membership form and becoming a member of the Club, I agree that if any invoice remains outstanding for more than six months after it is issued, the Secretary of La Trobe Rowing Club Inc. may at their discretion remove my name from the member register.

I declare that I am capable of swimming at least 50 metres in full rowing/training apparel.

WAIVER

I understand and acknowledge that rowing is an activity that may cause injury. I participate in all La Trobe University Rowing Club Inc. activities or external regattas and events at my own risk. I hereby release exempt and indemnify La Trobe University Rowing Club Inc., its management committee, its sponsors and agents in respect of all liability whatsoever and however causes, whether by negligence or otherwise, which may arise in connection with my participation in La Trobe University Rowing Club Inc. activities or external regattas and events and agree that any conditions implied by the Fair Trading Act 1999 are excluded. This release continues forever and binds my heirs, successors, executors, administrators, personal representatives and assigns.

WARNING UNDER THE FAIR TRADING ACT 1999

Under the provisions of the Fair Trading Act 1999, several conditions are implied into contracts for the supply of certain goods and services. These conditions mean that the supplier named on this form is required to ensure that the recreational services it supplies to you are:

- rendered with due care and skill; and
- are fit for the purpose for which they are commonly bought as it is reasonable to expect in the circumstances; and
- reasonably fit for any particular purpose or might reasonably be expected to achieve any result you have made know to the supplier.

Under section 32N of the Fair Trading Act 1999, the supplier is entitled to ask you to agree that these conditions do not apply to you. If you sign this form, you will be agreeing that your rights to sue the supplier under the Fair Trading Act 1999, if you are killed or injured because the services were not rendered with due care and skill or they were not reasonably fit for their purpose, are excluded, restricted or modified in the way set out in this form.

NOTE: The changes to your rights, as set out in this form, does not apply if your death or injury is due to gross negligence on the supplier's part. 'Gross negligence' is defined in the Fair Trading (Recreational Services) Regulations 2004.

PRIVACY

La Trobe University Rowing Club Inc. is committed to maintaining the privacy of your personal information provided to us in relation to your membership. From time to time the Club may be required to provide your personal information to other organisations, such as Rowing Victoria, in order to register you and activate the insurance provisions through Rowing Victoria or other clubs through the use of the Rowing Victoria regatta entry software module. LURC will not otherwise share your personal information unless your permission is sought or LURC is required by law to do so.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

Date Received:

Date Approved:

Fee Paid:

Date Entered into Register:



La Trobe University Rowing Club Inc.

Medical Form

PERSONAL DETAILS

First Name:	Last Name:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Height (cm):	Weight (kg):

MEDICAL DETAILS

1. Do you have any medical problems? If yes, please detail below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are you currently taking any medication (including a puffer)? If yes, please detail below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Have you ever had, or currently have, any sporting injuries? If yes, please detail below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Have you ever had, or currently have, repeated swelling of any bones or joints? If yes, please detail below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Please list any allergies you have, e.g. medications, bites, foods. Are they life threatening?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PRIVACY STATEMENT

"The information provided in this form is only for the purpose of joining the La Trobe University Rowing Club and for the said Club to fulfil its duty of care in case of a medical emergency. The only people authorised to access your medical form are your Coach, the First Aid Officer and the Secretary. Enquiries relating to the information included in this form should be directed to the Secretary of La Trobe University Rowing Club."

In filling out form, I declare that to the best of my knowledge the information provided is correct and complete.

Signature:	Date:
If under 18, Parent/Guardian Name:	
Signature:	Date:



La Trobe University Rowing Club



ACN 096 902 813 | AFSL 315388

DIRECT DEBIT REQUEST

Ph: 0417387323
ABN/ACN: 178899484544

NEW CUSTOMER FORM

YOUR DETAILS | Please complete this form using a BLACK PEN. * Indicates a MANDATORY FIELD

Business: La Trobe University Rowing Club Inc ABN/ACN: 178899484544 **100-195-777**

Customer Reference:

* Surname: * Given Name:

* Mobile #:

* Email:

* Address:

* Suburb: * State: * Postcode:

DEBIT ARRANGEMENT | Including payment details and associated fees/charges detailed below and/or the total amount billed for the specified period for this and any other subsequent agreements or amendments between me/us and the Business and/or Ezidebit

Once Only Debit On Date: / / Debit this amount: \$

D D M M Y Y

Regular Debits Starting on Date: / / Debit this amount: \$

D D M M Y Y

Frequency: Weekly Fortnightly Monthly 4 Weekly

Duration: Continue regular debits until further notice (Minimum of Debits)

Administration Fee (once only) up to: \$5.50	Bank Account Transaction Fee: Paid By Business	Credit Card Transaction Fee: VISA/Mastercard: Paid By Business AMEX/Diners: Paid By Business
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CHOOSE YOUR PAYMENT METHOD

Debit from Credit Card

VISA MasterCard AMEX Diners

Card Number: Expiry Date: /

M M Y Y

Name of Cardholder:

By signing this form, I/we authorise Ezidebit, acting on behalf of the Business, to debit payments from my specified Credit Card above, and I/we acknowledge that Ezidebit will appear as the merchant on my credit card statement. Furthermore, I/we agree to reimburse and indemnify Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

Debit from Bank, Building Society or Credit Union Account

Financial Institution: Branch:

BSB Number: - Account Number:

Account Holder Name:

I/We authorise Ezidebit Pty Ltd ACN 096 902 813 (User ID No 165969, 303909, 301203, 234040, 234072, 428198) to debit my/our account at the Financial Institution identified above through the Bulk Electronic Clearing System (BECS) in accordance with the Debit Arrangement stated above and this Direct Debit Request and as per the Ezidebit DDR Service Agreement (Ver 1.8) provided.

This Authorisation is to remain in force in accordance with the terms and conditions on this Direct Debit Request, the provided Ezidebit DDR Service Agreement (Ver 1.8) and I/we have read and understand same. I/We acknowledge that our personal information will be collected, used, held and disclosed in accordance with the Ezidebit Privacy Policy found at <http://www.ezidebit.com/au/privacy-policy/>

Signature(s) of Nominated Account: Date: / /

D D M M Y Y

DDR Service Agreement (Ver 1.8)

DDR SERVICE AGREEMENT (Ver 1.8)

DDR Service Agreement (Ver 1.8)

I/We hereby authorise Ezidebit Pty Ltd ACN 096 902 813 (**Direct Debit User ID number 165969, 303909, 301203, 234040, 234072, 428198**) (herein referred to as "Ezidebit") to make periodic debits on behalf of the "Business" as indicated on the attached Direct Debit Request (herein referred to as "the Business").

I/We acknowledge that Ezidebit is acting as a Direct Debit Agent for the Business and that Ezidebit does not provide any goods or services (other than the direct debit collection services to me/us for the Business pursuant to the Direct Debit Request and this DDR Service Agreement) and has no express or implied liability in regards to the goods and services provided by the Business or the terms and conditions of any agreement that I/we have with the Business.

I/We acknowledge that the debit amount will be debited from my/our account according to the terms and conditions of my/our agreement with the Business and the terms and conditions of the Direct Debit Request (and specifically the Debit Arrangement and the Fees/Charges detailed in the Direct Debit Request) and this DDR Service Agreement.

I/We acknowledge that bank account and/or credit card details have been verified against a recent bank statement to ensure accuracy of the details provided and I/we will contact my/our financial institution if I/we are uncertain of the accuracy of these details.

I/We acknowledge that it is my/our responsibility to ensure that there are sufficient cleared funds in the nominated account by the due date to enable the direct debit to be honoured on the debit date. Direct debits normally occur overnight, however transactions can take up to three (3) business days depending on the financial institution. Accordingly, I/we acknowledge and agree that sufficient funds will remain in the nominated account until the direct debit amount has been debited from the account and that if there are insufficient funds available, I/we agree that Ezidebit will not be held responsible for any fees and charges that may be charged by either my/our or its financial institution.

I/We acknowledge that there may be a delay in processing the debit if:-

1. there is a public or bank holiday on the day of the debit, or any day after the debit date;
2. a payment request is received by Ezidebit on a day that is not a banking business day in Queensland;
3. a payment request is received after normal Ezidebit cut off times, being 3:00pm Queensland time, Monday to Friday.

Any payments that fall due on any of the above will be processed on the next business day.

I/We authorise Ezidebit to vary the amount of the payments from time to time as may be agreed by me/us and the Business as provided for within my/our agreement with the Business. I/We authorise Ezidebit to vary the amount of the payments upon receiving instructions from the Business of the agreed variations. I/We do not require Ezidebit to notify me/us of such variations to the debit amount.

I/We acknowledge that Ezidebit is to provide at least 14 days' notice if it proposes to vary any of the terms and conditions of the Direct Debit Request or this DDR Service Agreement including varying any of the terms of the debit arrangements between us.

I/We acknowledge that I/we will contact the Business if I/we wish to alter or defer any of the debit arrangements.

I/We acknowledge that any request by me/us to stop or cancel the debit arrangements will be directed to the Business.

I/We acknowledge that any disputed debit payments will be directed to the Business and/or Ezidebit. If no resolution is forthcoming, I/we agree to contact my/our financial institution.

I/We acknowledge that if a debit is returned by my/our financial institution as unpaid, a failed payment fee of up to \$11.90 is payable by me/us to Ezidebit. I/We will also be responsible for any fees and charges applied by my/our financial institution for each unsuccessful debit attempt together with any collection fees, including but not limited to any solicitor fees and/or collection agent fee as may be incurred by Ezidebit.

I/We authorise Ezidebit to attempt to re-process any unsuccessful payments as advised by the Business.

I/We acknowledge that certain fees and charges (including setup, variation, SMS or processing fees) may apply to the Direct Debit Request and may be payable to Ezidebit and subject to my/our agreement with the Business agree to pay those fees and charges to Ezidebit.

Credit Card Payments

I/We acknowledge that "Ezidebit" will appear as the merchant for all payments from my/our credit card. I/We acknowledge and agree that Ezidebit will not be held liable for any disputed transactions resulting in the non supply of goods and/or services and that all disputes will be directed to the Business as Ezidebit is acting only as a Direct Debit Agent for the Business. I/We acknowledge and agree that in the event that a claim is made, Ezidebit will not be liable for the refund of any funds and agree to reimburse Ezidebit for any successful claims made by the Card Holder through their financial institution against Ezidebit.

I/We acknowledge that Credit Card Fees are a minimum of the Transaction Fee or the Credit Card Fee, whichever is greater as detailed on the Direct Debit Request.

I/We appoint Ezidebit as my/our exclusive agent with regard to the control, management and protection of my/our personal information (relating to the Business and contained in this DDR Service Agreement). I/We irrevocably authorise Ezidebit to take all necessary action (which Ezidebit deems necessary) to protect and/or correct, if required, my/our personal information, including (but not limited to) correcting account numbers and providing such information to relevant third parties and otherwise disclosing or allowing access to my/our personal information to third parties in accordance with the Ezidebit Privacy Policy.

Other than as provided in this Agreement or the Ezidebit Privacy Policy, Ezidebit will keep your information about your nominated account at the financial institution private and confidential unless this information is required to investigate a claim made relating to an alleged incorrect or wrongful debit, to be referred to a debt collection agency for the purposes of debt collection, or as otherwise required or permitted by law. Further information relating to Ezidebit's Privacy Policy can be found at <http://www.ezidebit.com/au/privacy-policy/>.

I/We hereby irrevocably authorise, direct and instruct any third party who holds/stores my/our personal information (relating to the Business and contained in this DDR Service Agreement) to release and provide such information to Ezidebit on my/our written request.

I/We authorise:

- a. Ezidebit to verify and/or correct, if necessary, details of my/our account with my/our financial institution; and
- b. my/our financial institution to release information allowing Ezidebit to verify my/our account details.