



Membership Application

Full Name: _____

Address: _____
_____ PostCode _____

Contact numbers: _____

Email: _____

Occupation: _____

Preferred Kayak: _____

In the above kayak I am confident in grade (please circle): 1 2 3 4

Please attach any relevant certification

List any qualifications gained which may be of use in a kayaking environment:

Next of Kin _____ Phone: _____

I would be willing to assist the club with:

- Instruction
- Managing or leading trips
- Managing or assisting at races
- Other (please specify) _____

As at 2020, our annual membership fees are \$55.00. Successful applicants will be invoiced once membership is confirmed.

Email application to drkc.membership@gmail.com

Snail mail to: PO Box 76192
Northwood
Christchurch 8548