



Chesterville Kayak Club Membership Application Form

Fill out the two sections of this form and

Email the form to chestervillekayakclub@gmail.com
Once receive you will be notified as to where to
send an e-transfer for the \$20 membership fee.

OR

Mail form and cheque payable to "Chesterville Kayak
Club" to:
K. Smith
1915 Groves Road Russell, ON, K4R 1E5

1. MEMBERSHIP **March 1, 2025 to February 28, 2026**

NAME (please print) _____

ADDRESS _____ CITY _____

PROVINCE _____ POSTAL CODE _____

TEL: (H) _____ (W) _____

EMAIL _____

DATE _____

FEE: \$20.00

Youth under 18 must be accompanied by parent/guardian

2. Release of personal information

It is understood that all photos, videos, articles, etc. that are submitted to the club for publicity purposes, may be published on the club's website, or in newspapers, etc. The club will honour any individuals request to have any identifying information (i.e. photos, videos, names, addresses etc.) of them, or their children excluded from the above. However, the club does ask that if individuals do not want any identifying information of themselves or their family displayed on the club's website or in other media; that they inform the appropriate person(s), (i.e. club members, photographer/videographer, reporter, etc.), in advance of the event and refrain from having their picture/video and personal information etc., taken.

I (print name) _____ (print allow or do not allow) _____
the Chesterville Kayak Club to release my (or my families) personal and identifying information, such as name, address or image, etc., for club publicity purposes (i.e. club website, newspaper articles, events etc.)

If a member is under 18 years of age, a parent/guardian must also sign.

Member's Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____