ADELAIDE ROCK 'N' ROLL CLUB INC
APPLICATION FOR MEMBERSHIP / RENEWAL
1st JULY 2026 – 30TH JUNE 2027

Return on Club Nights or with payment plus stamped self-addressed envelope to:

The Membership Secretary
Adelaide Rock 'n' Roll Club Inc
PO Box 558, Plympton S.A. 5038

Waiver of Liability

The applicant acknowledges that dancing, physical activity, participating in exercises, attending at places of entertainment, and dining can create the potential for injury to the applicant and that by the signing of this form the applicant expressly waives and releases the Adelaide Rock 'n' Roll Club Incorporated ('The Club") from and against all liability whether presently known or unknown whether as a result of the applicant's actions or otherwise.
The applicant agrees to be bound by the provision of the constitution and rules of the Club.

(Please Print Clearly)

FULL NAME: . . . . …….. ADULT ☐ OR CHILD ☐

ADDRESS . . . . ……... POST CODE . . . . . .……

DATE & MONTH of BIRTH……. MOBILE NUMBER.…… ……..……

PHONE NUMBER …….. EMAIL ADDRESS . . . . . .……

EMERGENCY CONTACT NAME*: … . . . . ……. ***PHONE NUMBER*…. . . . .

DEMONSTRATION TEAM ……..... YES ☐ NO ☐

APPLICANTS SIGNATURE . . . . ……. DATE . . . . ….

NOMINATED BY . . . . . SIGNATURE. . . . . ….

Membership Fees	
Adults: $30.00	Renewal ☐
Children: $5.00 (Between 12 and 18 years).	New ☐
Under 12 yrs: Free (With Parents / Guardians Membership)	Membership No . . . . .
Applies for a full fiscal year	

Payment made by money order via post, or direct deposit to our account:
NAB…BSB: 085-483 Account # 348 736 801 Please indicate **"m/ship and your Surname."**
Please do not detach or fill out the section below (office use only)

Membership No . . . . Date . . . . . Paid $ . . . . . .

Signature . . . . . .