



Application for Association Affiliation

Complete and Sign all sections including GDPR section. *(Do not skip any sections / parts).*

Completed form to be sent to:

- ♦ By Post to: **Elaine Nelson, 17 Oakfield, The Folly, Antrim, Co. Antrim, BT41 1JS**
- ♦ Or alternatively, the completed form can be scanned and sent by e-mail to: affiliation@coastalrowing.ie
- ♦ Affiliation Fee **€20.00** *(or UK equivalent at the time)* to be paid by electronic funds transfer to:

Account Name: **Irish Coastal Rowing Federation,** BIC: **AIBKIE2D** IBAN: **IE78AIBK93432101761099**

Please make sure to state that the payment is for Association Affiliation and provide your Association's Name.

Association Information

Association Name:					
Geographical area of Operation:					
Style of Rowing:			Does the Association run an organised regatta league / series: Yes <input type="checkbox"/> No <input type="checkbox"/>		
List of Affiliated Clubs: <i>(This List is for information purposes only)</i>					
#	Club Name	Located in	#	Club Name	Located in
1.			9.		
2.			10.		
3.			11.		
4.			12.		
5.			13.		
6.			14.		
7.			15.		
8.			16.		

Contact Details for Correspondence

Secretary		Public Relations Officer	
Name:		Name:	
Telephone No.:		Telephone No.:	
E-Mail Address:		E-Mail Address:	
Child Welfare Officer		Safety Officer	
Name:		Name:	
Telephone No.:		Telephone No.:	
E-Mail Address:		E-Mail Address:	

Agreement

To be Read and Signed: Please place a Tick in appropriate Check Boxes to indicate whether you agree or disagree.

- We wish to apply on behalf of Association Name **Association** to affiliate to the **Irish Coastal Rowing Federation** and we acknowledge and agree to the **Irish Coastal Rowing Federation** being the Governing Body & Final Arbiter of Coastal Rowing on the Island of Ireland.
Agree ☐ Disagree ☐
- We agree to be bound by the Constitution, Rules, Policies, Aims and Decisions of the Irish Coastal Rowing Federation, its Officers & Authorised Agents.
Agree ☐ Disagree ☐
- We confirm that we are familiar with the **ICRF Safeguarding Policy** & the **Code of Ethics and Good Practice for Children in Irish Coastal Rowing** and we agree to our Association being bound by the Code and all of its Requirements and Aims.
Agree ☐ Disagree ☐
- We commit to familiarising ourselves with all **ICRF Policies of Good Practice** & all **ICRF Policies for Good Governance** and we further commit to working with the ICRF to implement these policies and procedures to ensure Best Practice in the areas of Governance and Members' Welfare within our Association.
Agree ☐ Disagree ☐
- We authorise the ICRF to represent, our Association in all matters related and consequential to Coastal Rowing with the Statutory Authorities and Agencies of the Government of the Republic of Ireland &/or the Northern Ireland Executive.
Agree ☐ Disagree ☐
- We agree to implement and support all findings and decisions issued in good faith by the Irish Coastal Rowing Federation, its Officers & Authorised Agents.
Agree ☐ Disagree ☐
- We agree to pay upon demand an Annual Affiliation Fee (*currently €20.00 (as of 2021)*).
We understand that if this fee is not paid by the due date that our Affiliation may lapse.
Agree ☐ Disagree ☐

Printed Name:

Office Held:

Signature:

Date:

General Data Protection Regulation – (GDPR)

- The **Irish Coastal Rowing Federation** takes your personal privacy seriously and we will only use your personal information to contact you in relation to your membership of the ICRF.
- If you consent to the ICRF contacting you for this purpose please tick to say how you would like us to contact you:

- Contact me by E-Mail Yes ☐ No ☐
- Contact me by Telephone Call Yes ☐ No ☐
- Contact me by Post Yes ☐ No ☐
- Contact me by SMS Text Message Yes ☐ No ☐
- I **do not** wish to be contacted by the ICRF No Contact ☐

Signed:

Date:

- The ICRF will not divulge any of your personal data to any third party.
- The ICRF's Data Protection Policy is available to read / download at: <https://www.coastalrowing.ie/gdpr-data-protection>

Do Not Write Below Here - For Use of ICRF Only

Date Rec.:	Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Approved/Denied:	Date Advice Sent:	Date Fee Received:
Signed: ICRF Secretary		Date:		