

SMALL BOAT CLUB OF SA Inc

Web: smallboatclub.com.au Email: smallboatclub123@gmail.com Phone: 0407 181 608

MEMBERSHIP APPLICATION FORM

Surname.....First Name.....DOB (d/m/y).....

Address.....Postcode.....

Mobile.....Email.....

Emergency contact name and mobile.....

Occupation.....Employer.....

Other boat club/s where you have membership (or have had till recently).....

Membership sought: [] FULL [] PENSIONER [] ASSOCIATE [] PARTNER

Facility sought: [] MARINA BERTH [] CHAIN MOORING [] HARDSTAND

[] TRAILER PARK [] NONE

Your boat: [] MONOHULL [] MULTIHULL [] SAILBOAT [] MOTORBOAT [] KAYAK

Boat Reg Number:.....Hull colour.....Length.....

Please present your driver's licence as ID and your Age, Disability or Veteran's card if claiming the pensioner rate. Your boat/s will be photographed for club files.

APPLICANT'S DECLARATION

I herewith apply for membership of the Small Boat Club of SA and declare that the information provided is true. I commit to abide by the Club's Constitution & Bylaws and Code of Conduct, to pay my fees promptly, and to contribute where possible for the betterment of the club.

I understand that, when my membership ceases, I remain liable for any outstanding fees or charges, plus any costs incurred to recover monies owing, including debt collector fees, court costs and other legal fees.

Print name.....Signature.....Date.....

OFFICE USE ONLY: Accepted [] Yes [] No Date.....SB Number.....