SMALL BOAT CLUB OF SA Inc.



MEMBERSHIP APPLICATION FORM

Please PRINT carefully

First Name	Surname	
Address		
		Postcode
Mobile	Email	
DOB (d/m/y)	Occupation	
Other boat clubs where you ha	ave (or have had) membe	ership
Emergency contact name & m	obile	
Membership sought (please ci	ircle one): Full / Pensione	er / Associate
Facility sought: (please circle of Hardstand (for longer term bui	•	n Mooring / Trailer Boat Park /
Your boat: Monohull / Multihull	I / Sailboat / Motorboat / Ł	Kayak / None
Boat Reg Number	Hull Colour	Length
Road trailer Number Plate (for	trailer boats)	

Please confirm that:
☐ A photo of your boat (uncovered) is attached
☐ A photo of your drivers licence is attached
□ A photo of your Age, Disability or Veteran card (if claiming the pensioner membership rate) is attached
NOTE 1: Applicants with multiple boats are required to provide the above boat & trailer identification information, and the facility sought, for each.
NOTE 2: All information requested in this application form must be provided for an application to proceed. If that's not possible at this time, please provide the reason/s:
APPLICANT'S DECLARATION
"I hereby apply for membership of the Small Boat Club of SA and declare the information provided is true and correct.
"I commit to abide by the Club's Constitution & Bylaws, 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."
Signed:Dated:
OFFICE USE ONLY: Acceptance: Yes/No DateSB Number