

Woollahra Sailing Club Limited

ABN 46 000 344 178



Application for Membership

First name (s) _____ Family name _____

Date of birth _____ Occupation _____

Residential Address _____ Suburb _____ Postcode _____

Email _____ Fax _____

Phone (Private) _____ Business _____ Mobile _____

Type of Membership (please tick one)

Junior

Senior

Associate

Family

Special

I agree to the above nomination and will abide by the rules of Woollahra Sailing Club Limited.

Signed _____ Date _____

Guardian (Juniors must have this section completed)

As Parent / Guardian (please circle one), I agree to this membership and to be responsible for all monies due and payable by her/him to Woollahra Sailing Club Limited.

Parent/Guardian's Name _____ Junior's Name _____

Signed (Parent or Guardian) _____ Date _____

All Candidates

All information that is submitted to Woollahra Sailing Club Limited is treated confidentially. As a limited company we are required to have a register of members available for inspection. All listing are kept in accordance with guidelines issued by the Privacy Commission.

Do you prefer to have your personal details and phone number kept confidential? YES NO

Sailing Information

Sailing Skill Level Beginner Intermediate Advanced Professional

Skipper

Crew

Class/es of boat sailed _____ Boat Name _____ Boat Registration Number _____

Boat storage required? NO YES If YES, type required Rack Mast Up

Office use

Date received _____ Method of payment _____ Other details _____

Nominating Member's Signature _____ Date _____