



PO Box 50
Williamstown VIC 3016
Reg. No. A803
ABN: 87 945 070 751

Club House
The Strand
Williamstown VIC 3016
T: (03) 9397 6987
Commodore: Brian Fentiman
Secretary: Jim Rees

Application for Membership and Boat Registration

First Name: _____ Last Name: _____

Preferred first name (if different): _____

Date of Birth (For AS Registration): ____ / ____ / ____

Gender: M F Other

Australian Sailing No. (if Applicable): _____

Address: Number/Street: _____

Suburb: _____

State: _____ Postcode: _____

Occupation: _____

Contact Info: Home Phone: _____ Mobile: _____

Email address: _____

Alternative Email Address: _____

Emergency Contact Info:

Name: _____ Phone: _____ or _____

Any Relevant Medical Conditions: _____

Do you have a Working with Children Card? Yes No

WWC Card No: _____ Card Expiry: _____

Membership Type: Senior Family Student Junior

Membership Level: Ordinary Sailing Social

FAMILY MEMBERSHIPS ONLY:

Please list on the following page the names of the Family members (living at the same address).



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APPLICANT NAME:					
Name	Relationship to Primary Member	Date of Birth	Australian Sailing No.	Email Address	Emergency Contact & Number



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APPLICANT NAME:

Boat Registration/s:

Please indicate your experience with boats:

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BOAT 1						
Boat Type:	Powerboat /RAMP	<input type="checkbox"/>	Overall Length (M)		Boat Name	
	OTB	<input type="checkbox"/>	Make/Class		Sail No. or Reg No.	
	Trailerable	<input type="checkbox"/>	Hull Colour		Storage Rack:	
	Moored	<input type="checkbox"/>			Mooring No.	
	Junior Dinghy	<input type="checkbox"/>				
BOAT 2						
Boat Type:	OTB	<input type="checkbox"/>	Overall Length (M)		Boat Name	
	Trailerable	<input type="checkbox"/>	Make/Class		Sail No. or Reg No.	
	Moored	<input type="checkbox"/>	Hull Colour		Storage Rack:	
	Junior Dinghy	<input type="checkbox"/>			Mooring No.	



APPLICANT NAME:

Access Requirements:

BiLock (Black) key	Key Deposit of \$50.00 (refundable on return). Opens sliding gate and pedestrian gate from Boat Storage Area to Deck and Internal Door that opens to Slip Area	Yes <input type="checkbox"/> Key No: No <input type="checkbox"/>
Salto Electronic Card	Free on joining. Size of a credit card. Enables access to Front Door, Ramp Gate and Slipway Gate \$5.00 replacement fee (must advise Secretary if lost/stolen)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Salto Electronic FOB	Alternative to Electronic Card. Can be put on a key ring \$20.00 Non-refundable	Yes <input type="checkbox"/> No <input type="checkbox"/>

I declare that if admitted to the Club I will abide at all times during my membership by such Rules, Regulations and By-laws of the Club.

I enclose the nomination fee of \$100 [senior and family only]. **Note:** two written character references must be attached if applicants are not known to Club members.

Applicant:

[Signature] Date

Club member proposing:

Name (*print*) [Signature]

Club member seconding:

Name [*print*] [Signature]

