

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

Club House
The Strand
Williamstown VIC 3016
(03) 9397 0770
members@williamstownsailingclub.com.au

## **Application for Membership and Boat Registration**

| First Name: _  |           |                       | Last Name         | e:                |          |  |
|----------------|-----------|-----------------------|-------------------|-------------------|----------|--|
| Preferred firs | t name (  | if different):        |                   |                   |          |  |
| Date of Birth  | (For AS   | Registration):,       | //_               |                   |          |  |
| Gender:        | M □ I     | F □ Other □           |                   |                   |          |  |
| Australian Sa  | iling No. | (if Applicable):      |                   | _                 |          |  |
| Address:       | Number    | Number/Street:        |                   |                   |          |  |
|                | Suburb    | :                     |                   |                   |          |  |
|                | State:    |                       |                   | Postcode: _       |          |  |
| Occupation: _  |           |                       |                   |                   |          |  |
| Contact Info:  |           | Home Phone:           |                   | _ Mobile:         |          |  |
|                | I         | Email address:        |                   |                   |          |  |
|                | ,         | Alternative Email Add | dress:            |                   |          |  |
| Emergency      | Contact   | Info:                 |                   |                   |          |  |
| Name:          |           | Pho                   | ne:               | or _              |          |  |
| Any Relevar    | nt Medic  | al Conditions:        |                   |                   |          |  |
| Do you have    | a Workin  | g with Children Card  | l? Yes [          | □ No □            |          |  |
| WWC Card No    | o:        |                       | Card              | Expiry:           |          |  |
| Membership     | Туре:     | Senior                | Family $\square$  | Student $\square$ | Junior 🗆 |  |
| Memhershin     | l evel·   | Ordinary 🗆            | Sailing $\square$ | Social $\square$  |          |  |

| Club Access Requirements  | 5 <b>:</b>   |                     |
|---|--|---------------------|
|   | <b>Free on joining.</b> Size of a credit card.   | Yes □               |
| Salto Electronic Card   | Enables access to Front Door, Ramp<br>Gate and Slipway Gate  | Yes □ No □          |
|   | \$5.00 replacement fee (must advise Secretary if lost/stolen)  |                     |
| Salto Electronic FOB  | Alternative to Salto Electronic Card.<br>Can be put on a key ring  | Yes 🗆               |
|   | \$20.00 Non-refundable   | No □                |
| BiLock (Black) key  | Key <b>Deposit of \$50.00</b> (refundable on return).  | Yes □               |
|   | Opens sliding gate and pedestrian gate from Boat Storage Area to Deck  | Key No:             |
|   | and Internal Door that opens to Slip   | No 🗆                |
|   | Area   |                     |
| Rules, Regulations and By-laws I enclose the nomination fee of references must be attached if a | Club I will abide at all times during my not the Club.  \$100 [senior and family only]. <b>Note:</b> two applicants are not known to Club member | o written character |
| Applicant: [Signature]  | Nate   |                     |
|   | Date   |                     |
| Club member proposing:  |  |                     |
| Name (print)  | [Signature]  |                     |
| Club member seconding:  |  |                     |
| Name [print]  | [Signature]  |                     |
|   | ation fee is required with this applicate<br>her fees are paid at induction.   | tion. The total of  |
| Nomination Fee can be made by   | Online Banking transfer. The Club bank   | details are:        |
| Bendigo Bank<br>BSB: 633-000<br>A/C: 149 266 439<br>Please ensure you note your Su              | rname on the Reference field.  |                     |

**APPLICANT NAME:**