

Sailing Wanganui Application For Membership

Name: _____

Address: _____

Phone: _____ Email Address: _____

Type of Membership: (tick one)

Senior	<input type="checkbox"/>	Family	<input type="checkbox"/>	Associate	<input type="checkbox"/>	Junior <19	<input type="checkbox"/>
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To qualify for Junior Membership applicant must be less than 19 years of age as at 1st September.

If Family Membership requested, please give additional names and relationship on reverse of this form:

Boat Register Information

Boat/Class: _____ Name: _____

Sail #: _____

Will Club storage be required? Yes / No (delete one)

Declaration:

If accepted as member, I agree to uphold the Club Constitution and abide by all the rules as laid down by the Committee. I also accept that the Club takes no responsibility or liability for boats or other equipment stored or left on Club premises.

Signed: _____ Date: _____

If under 19 years, Parent/Guardian sign here please: _____

Proposer _____ **Seconder:** _____

Send completed form to:
The Secretary,
Wanganui Sailing Club
PO Box 594
Wanganui

Committee Use Only

Accepted: Yes/No _____ Date: _____

Fees Payable: Subs:\$_____ Storage: \$_____