



New Member Manual Registrations for Season 19/20

Preferred registration is via our online system: <http://sbsc.net.au/membership/>
 Processing of this manual application could take up to 4 weeks

All Fields are Mandatory – Use Block Print Only

FAMILY NAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____ GENDER: _____

ADDRESS: _____ P/C: _____

EMAIL ADDRESS: _____

PHONE: _____

OCCUPATION: _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE NO.: _____

All Prices include GST.

Tick	Registering As:	Fees	Amount Due:
	Senior Member	\$420.00	
	Student Member (<23 yrs)	\$130.00	
	Junior Member (<21yrs)	\$130.00	
	Family Membership **	\$615.00	
	Keel Boat Crew Member	\$275.00	
	Social Member	\$195.00	

	Locker Fee	\$28.00	
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Total Membership Fees Due:	
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Upon successful application, an invoice will be emailed to the primary applicant's email address

****Family Membership Details**

Name	Phone	Email	DOB	Gender



Register Boat Details

Any vessel this member owns and Skippers at SBSC.

Boat Name: _____ Sail No.: _____ Class: _____

Non sailing craft: _____ make/colour/length _____

Boat storage is by application only

Application may be submitted only after receiving Membership Fees Receipt & Membership Season Card. All applications are reviewed by the General Committee & if successful a suitable allocation will be made by the Yard Master who also provides an invoice which must be settled before vessel may be brought into the yard.

Proposer/Secunder

New Members must have the following completed:

I, _____ being a fully paid member of The Association nominate the above applicant who is personally known to me for membership of The Association.

Signature of Proposer _____ Date _____

I, _____ being a fully paid member of The Association second the above applicant who is personally known to me for membership of The Association

Signature of Secunder _____ Date _____

Qualifications

Please advise your qualifications per as list below (please tick or circle in the relevant boxes)

Name of Family Member	First Aid	Working with Children Check	Boat License	Power Boat Handling TL3	Marine Radio Operator Licence	Race officer – please circle
						Club/State/National
						Club/State/National
						Club/State/National
						Club/State/National
						Club/State/National
						Club/State/National

Other Qualifications _____

Application for Membership:

I/We _____ request to become a member/s of the Safety Beach Sailing Club Inc. (The Association). Should I/We be accepted by the Council of The Association, I/We agree to be bound by the rules and By Laws of The Association for the time being in force.