



# Mounts Bay Sailing Club (Inc.)

AUSTRALIA II DRIVE, PELICAN POINT, CRAWLEY, WESTERN AUSTRALIA. 6009

P.O. Box 3123 Broadway Nedlands 6009 Tel: (08) 9386 5839 Fax: (08) 9386 5455 Email: admin@mbsc.com.au

## MEMBERSHIP APPLICATION FORM

Membership Type \_\_\_\_\_

The person described below ("the **Applicant**") hereby applies for Membership of or access to Mounts Bay Sailing Club Inc (the "**Club**") and its facilities as indicated on the attached fee schedule.

First Name	
Surname	
Date of Birth	
Address	Post Code
Contact number Hm:	Wk: Mobile:
Email	
Occupation:	Reason for becoming a member:
Please circle and fill in a separate form if you request any of the following: Pen / Mooring / Hardstand / Tender Storage / Dinghy Storage / Boat registration <i>(required for boat owners to compete in club racing)</i>	

The Applicant in making this Application, will on acceptance of the Application by the Club, become a member and be bound by the Club's Constitution and By-Laws, and if applicable will separately sign and abide by the Rental Agreement.

Applicant Name \_\_\_\_\_ Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_ (Parent/Guardian if under 18) \_\_\_\_\_

Proposer \_\_\_\_\_ Signature \_\_\_\_\_

Secunder \_\_\_\_\_ Signature \_\_\_\_\_

*Note: The Proposer and Secunder must be Life or Ordinary Financial members of Mounts Bay Sailing Club of not less than one year's standing.*

### PAYMENT

Total amount \$ \_\_\_\_\_ Credit / Cheque / Cash

**Payment by Credit:** Visa / Mastercard / Bankcard

Name on card

Number

Expiry

<p>Internal office use only</p> <p>Date paid: .....</p> <p>Payment entered .....</p> <p>Waiting Letter Sent.....</p> <p>Date posted on Notice Board.....</p> <p>Date endorsed by Management Committee:.....</p> <p>Date advised Applicant:.....</p> <p>Date entered on Club Register:.....</p>
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Outlook	
Mailchimp	
Qbooks	
Pen emergency list	
Pen Register	
L&D	