



BALLAARAT YACHT CLUB

APPLICATION FOR MEMBERSHIP 2017/2018

Membership Category being applied for: _____ Yachting Australia Number* _____

Title _____ Given Name: _____ Surname: _____ DOB* _____

Title _____ Partner's Name _____ Surname: _____ DOB* _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Contact No: _____ Email: _____

Emergency Contact _____ Emergency Number _____

Children's Names (If applying for Family Membership)

Child 1: _____ DOB: _____ Mobile Contact**:

Child 2: _____ DOB: _____ Mobile Contact**:

Child 3: _____ DOB: _____ Mobile Contact**:

Child 4: _____ DOB: _____ Mobile Contact**:

How will you be able to contribute to the club? _____

Sailing Experience*: _____

Boat Name*: _____ Sail Number*: _____ Storage Required ***: Yes / No

Intending to crew: Yes / No

Intending to Volunteer: Yes / No

I agree to observe & abide by the constitution of Ballaarat Sailing Club Inc

Current Working With Children Card Required (Volunteer) www.workingwithchildren.vic.gov.au/

Name: _____

Applicant's Signature: _____ Date / /

