



# MEMBERSHIP APPLICATION FORM

Fees **MUST** accompany this application

Financial membership Year is from 1<sup>st</sup> August to the 31<sup>st</sup> July

## Primary Members Details

Surname.....(MR / MRS / MS) Christian names.....  
 Address ..... Preferred name.....  
 ..... Phone.....  
 ..... Bus.....  
 ..... Post Cell.....  
 Occupation..... Home .....  
 E-mail address.....

## MEMBERSHIP TYPE.....

## Amount Paid .....

- |                                |                   |          |  |
|--------------------------------|-------------------|----------|--|
| Fees: <input type="checkbox"/> | Senior member     | \$ 85.00 | Aged 17 & over on 1 <sup>st</sup> July                   |
| <input type="checkbox"/>       | Student member    | \$ 55.00 | Aged 17 to 23, school pupil or full-time tertiary course |
| <input type="checkbox"/>       | Social member     | \$ 45.00 |  |
| <input type="checkbox"/>       | Junior member     | \$ 25.00 | Aged 16 & under on 1 <sup>st</sup> July                  |
| <input type="checkbox"/>       | Family membership | \$150.00 | Consists husband & wife / partner only                   |
|                                |                   | \$ 25.00 | Per junior included on family membership                 |
| <input type="checkbox"/>       | Summer            | \$ 25.00 | Valid 1 <sup>st</sup> Dec – 31 <sup>st</sup> May         |
| <input type="checkbox"/>       | Corporate         | N/C      | Manager approved   |

## FAMILY MEMBERSHIP ONLY

Details Wife / Partner name.....  
 Children's name ..... Date of birth.....  
 ..... Date of birth.....  
 ..... Date of birth .....

## BOAT DETAILS

Boat name.....Make.....Length.....Call sign.....

## Declaration:

Are you a member of any other Club? Yes / No Club.....

## I HEREBY AGREE TO ABIDE BY THE CLUB'S CONSTITUTION AND BY-LAWS

(Copy available from Office on request)

**Pending members are advised that there is a trial period of 3 months**

Applicants signature..... Date .....

Nominators Signature..... Print Name..... (.....) M/Ship No.

Seconders Signature ..... Print Name ..... (.....)

**(Nominator & Seconder MUST be Current Financial members of the Club)**

PO Box 105, Whakatane. ~ Muriwai Drive, Whakatane. ~ Phone (07) 307 0334

E-mail: office@wsfc.co.nz ~ Skippers Restaurant , Phone (07) 307 0009

OFFICE ONLY: RECEIPT # .....