



APPLICATION FOR FAMILY MEMBERSHIP

Membership Year: 1st July - 30th June

Mr/Mrs/Ms/Miss/Dr/Other:	Date of Birth:
First Name:	Surname:
Address (Residential/Postal):	
Telephone: (Mobile)	Telephone: (Home/Work)
Email Address:	
Medical Conditions:	
Emergency Contact Name:	Contact Number:
Have you previously been a member of Koombana Bay Sailing Club? <input type="checkbox"/> YES <input type="checkbox"/> NO	

- Membership form must be completed in FULL (**including signatures - must be proposed by one senior member and seconded by another member each of whom shall have been members for two years**)
Prospective members are encouraged to attend the Club to introduce themselves and meet members/committee if required. Payment is to be made at time of application.
- A Senior Member may be the owner of a sailing boat registered with the Club, may hold office and has full voting rights. They also have full access to all clubhouse facilities, can use boat storage/hardstand facilities if required and are entitled to all member discounts.
- Senior Members who require a mooring, hardstand, dinghy storage or use of the club winch MUST read and understand the STORAGE and NON PARTICIPATION POLICY, MOORING POLICY and WINCH POLICY, which are available from the club or can be downloaded from the club website www.koombanabay.com.
Fee structure available online or in the Club 'Season Programme'.
- As per the Liquor Control Act 1988 a member may invite up to 5 guests for the consumption of liquor, per visit.
- Acceptable attire shall be worn by all members of the Club and visitors/guests to the Club while on club premises.
- Membership can be suspended or member expelled from the Club at any time if his or her conduct is detrimental to the interests of the Club.

SENIOR NOMINEE DECLARATION: I hereby declare that all details provided in this application are true and correct.
In the event of my election, I agree to be bound by the Rules, Policies & By-Laws of this Club, available from www.koombanabay.com or such regulations in force at the time, to act at all times in the best interest of the Club, to participate in the activity in which I have expressed an interest, and agree to be of service to the Club as best that I am able.

I hereby nominate the above named and their spouse/junior(s)/student(s) named below for membership of the Koombana Bay Sailing Club Inc.

Proposer: _____ Signed: _____
Please print name

Seconder: _____ Signed: _____
Please print name

FAMILY MEMBERSHIP ONLY: Spouses and juniors, of a senior member, who have nominated as a Senior or Crew, Junior or Student Member and fulfilled the qualifications for membership under Rule 5.0 of the Rules of Association. Spouses and Juniors of Senior members enjoy a 50% discount on memberships with sailing privileges.

SCHEDULE OF MEMBERSHIP FEES (GST inclusive)

CATEGORY	PAYABLE
Senior (Nominee)	
Family Senior (Spouse)	
Family Crew (Spouse)	
Family Junior	
Family Student	
HOUSE SUPPORT FEE (each) Compulsory except Juniors	\$50 (each)
TOTAL	

Spouse Details - SENIOR or CREW (please circle selection)

Mr/Mrs/Ms/Miss/Dr/Other:	Date of Birth:
First Name:	Surname:
Address (Residential/Postal):	
Telephone: (Mobile)	Telephone: (Home/Work)
Email Address:	
Medical Conditions:	
Emergency Contact Name:	Contact Number:
Have you previously been a member of Koombana Bay Sailing Club? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SPOUSE DECLARATION: I hereby declare that all details provided in this application are true and correct. In the event of my election, I agree to be bound by the Rules & By-Laws of this Club, available from www.koombanabay.com or such regulations in force at the time, to act at all times in the best interest of the Club, to participate in the activity in which I have expressed an interest, and agree to be of service to the Club as best that I am able.

Signed: _____ Date: ____/____/____

1 - Junior Member (under 18) or Student Member (over 18 and in full-time study) (please circle selection)

PO Box 56, BUNBURY WA 6230

Phone: 08 9791 3914

Email: admin@koombanabay.com

Visit www.koombanabay.com for more information

Mr/Mrs/Ms/Miss/Master/Other:	Date of Birth:
First Name:	Surname:
Address (Residential/Postal):	
Telephone: (Mobile)	Telephone: (Home/Work)
Email Address:	
Medical Conditions:	
Emergency Contact Name:	Contact Number:
Have you previously been a member of Koombana Bay Sailing Club? <input type="checkbox"/> YES <input type="checkbox"/> NO	

STUDENT DECLARATION: I hereby declare that all details provided in this application are true and correct. In the event of my election, I agree to be bound by the Rules & By-Laws of this Club, available from www.koombanabay.com or such regulations in force at the time, to act at all times in the best interest of the Club, to participate in the activity in which I have expressed an interest, and agree to be of service to the Club as best that I am able.

Signed: _____ **Date:** ____/____/____

2 - Junior Member (under 18) or Student Member (over 18 and in full-time study) (please circle selection)

Mr/Mrs/Ms/Miss/Master/Other:	Date of Birth:
First Name:	Surname:
Address (Residential/Postal):	
Telephone: (Mobile)	Telephone: (Home/Work)
Email Address:	
Medical Conditions:	
Emergency Contact Name:	Contact Number:
Have you previously been a member of Koombana Bay Sailing Club? <input type="checkbox"/> YES <input type="checkbox"/> NO	

STUDENT DECLARATION: I hereby declare that all details provided in this application are true and correct. In the event of my election, I agree to be bound by the Rules & By-Laws of this Club, available from www.koombanabay.com or such regulations in force at the time, to act at all times in the best interest of the Club, to participate in the activity in which I have expressed an interest, and agree to be of service to the Club as best that I am able.

Signed: _____ **Date:** ____/____/____

Please attach extra membership forms for additional junior/students if required

VESSEL DETAILS

Vessel Name: _____ DPI8 N°: _____

Class: _____ Design: _____

Length: _____ (M) Colour: _____ (Hull) Construction: _____

Is this Vessel Trailerable: YES NO

Radios: 27MHz VHF UHF HF

Current Call Sign: _____

Current Sail No: _____ Do you require a KBS Sail No? YES NO

Note: All vessels located on KBSC's premises must have at least 3rd Party Insurance cover to a minimum \$10,000,000 each and every claim. Please attach policy copy.

Comprehensive 3rd Party Amount Insured \$ _____ Expiry Date: _____

Department of Planning & Infrastructure "Boat Registration Certificate". Please attach copy if applicable.

Did the boat previously belong to a KBSC member? YES NO

If YES, name of member: _____

Is the boat currently kept at KBSC? YES NO

Are you the sole owner of this boat? YES NO

If NO, details of all partners please: _____

Please Note: All partners in a vessel are required to be Senior Members

Do you intend to keep the boat at KBSC? YES NO

Hardstand Bay required? YES NO

Mooring required? YES NO

Tender Storage required? YES NO

Registered Skipper Ticket (RST) No: _____

Notes: _____

Please return the fully executed form to the Bar or Office with full payment