Koombana Bay
SAILING CLUB INC

APPLICATION FOR JUNIOR MEMBERSHIP

Membership Year: 1st July - 30th June

Miss/Master/Other:	Date of Birth:
Child First Name:	Child Surname:
Address (Residential/Postal):	
Medical Conditions:	
Parent/Guardian Name:	Date of Birth:
Telephone: (Mobile)	Telephone: (Home/Work)
Email Address:	
Alternative Emergency Contact Name & Number:	
Have you or your child previously been a member of Koombana Bay Sailing Club?	☐ YES ☐ 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 Junior Member (under 18) has full access to all clubhouse facilities, is entitled to all member discounts and all standard sailing fees are included.
- As per the Liquor Control Act 1988 children under 18 cannot be served alcohol.
- 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.

PARENT/GUARDIAN DECLARATION: I hereby declare that all details provided in this application are true and correct. In the event of my child's election, we 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 we have expressed an interest, and agree to be of service to the Club as best that we are able.

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

I hereby nominate the above named for membership of the Koombana Bay Sailing Club Inc.

Proposer: _____ Signed: _____
Please print name

Seconder: _____ Signed: _____
Please print name

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

Admin Only	**Fee $**	**Date Paid:**

PO Box 56, BUNBURY WA 6230 **Phone: 08 9791 3914** **Email: admin@koombanabay.com**

Visit **www.koombanabay.com** for more information