

APPLICATION FOR JUNIOR MEMBERSHIP

Junior Membership fee \$132 (GST Inc)

Membership Year: 1st June 2021 - 30th June 2022

Miss/Master/Other:	Date of Birth:		
Child First Name:	Child Surname:		
Address (Residential/Postal):	<u> </u>		
Medical Conditions:			
Parent/Guardian Name:	Date of Birth:		
Telephone: (Mobile)	Telephone: (Home/Work)		
Email Address:			
Alternative Emergency Contact Name	2 & Number:		
Have you or your child previously bee	en a member of Koombana Bay Sailing Club?	☐ YES	□NO
standard sailing fees are includ - As per the Liquor Control Act 1 - Acceptable attire shall be worn	as full access to all clubhouse facilities, is entitled to a	e Club while on club	premises.
correct. In the event of my child's of from www.koombanabay.com or s	N: I hereby declare that all details provided in the election, we agree to be bound by the Rules & By such regulations in force at the time, to act at all rity in which we have expressed an interest, and a	y-Laws of this Club times in the best i	available interest of
Signed:	Date:		
hereby nominate the above nan	ned for membership of the Koombana Bay Sa	ailing Cluh Inc	
Proposer: Please print r		uning Club me.	
Seconder: Please print r			

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

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