



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 Are you a member of a hosted club? i.e. WCOCC, RSIL, Swimming 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 Social Member has full access to all clubhouse facilities and is entitled to all member discounts but is required to pay Twilight and Saturday Sailing fees (\$16) if they wish to participate in these sailing events.
- 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.

**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 & By-Laws of this Club, available from [www.koombanabay.com](http://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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Proposer: \_\_\_\_\_ Signed: \_\_\_\_\_  
Please print name

Secunder: \_\_\_\_\_ Signed: \_\_\_\_\_  
Please print name

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

Admin Only	Fee \$	Date Paid:
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