



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 Crew Member has full access to all clubhouse facilities, is entitled to all member discounts and all regular Twilight & Saturday sailing fees are included.
- 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 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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