

Application for Membership *Geilston Bay Boat Club Inc.*

Registration Number: 00129C ABN 99 567 836 627 48 Debomfords Lane **GEILSTON BAY TAS 7015** PO Box 45 **LINDISFARNE TAS** 7015

PLEASE COMPLETE ALL DETAILS BELOW - PLEASE PRINT CLEARLY

		Personal Details		
Family Nam	ne:			
Given Nam	es:	Preferred Name:		
Date of Birt	h:	Occupation:		
		Contact Details		
Address:				
Suburb/Tov	vn:	I	Postco	ode:
Phone:		Email:		
	Membersh	ip Category and Subscription	on	
☐ Adult \$180		☐ Junior \$33		☐ Social \$48
Name of bo	at (required for Adult	membership):		
And locatio	n of boat:			
who compr	ise a bonà fide family	ilable for up to two Adult ar unit. If you wish to take adv s below for all other family	antag	e of family
Category	I	Name		DoB
	I	Email		Phone
Adult				
Junior				
Julioi				
Junior				
Junior				
Junior				
		References		
Attach two	written references, or	provide contact details for	two re	eferees below:
Name		Credentials		Phone

Please ensure you complete the declaration on the following page.



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I,	,				
	(full <i>name</i>)				
apply for membership of the Ge support the purposes of the Clu laws made thereunder.	(address) eilston Bay Boat Club Inc. (the Club). If admitted I agree to ub, and to comply with the Rules of Association and any byalf of myself, and any family members listed above that I				
wish to be included in a family s	•				
Signature of Applicant:	Date:				
3 ·	on Bay Boat Club, PO Box 45 LINDISFARNE TAS 7015 secretary@geilstonbayboatclub.com.au				
Office Use Only					
Date received:	Subscription received and date:				
Date referred to Membership	Subcommittee:				
Recommendation received and date:					
Date referred to members:					
	nted?:				
Committee meeting date:	Decision:				

Date entered in Xero:

Key issued and date:

Locker, rack or cage allocated: ______

Date entered in Membership Register: ______