ABN 30 000 409 727 1 Green Street Cremorne NSW 2090 Tel 02 9953 1433 Email office@sasc.com.au

Membership Nomination

Given Names			Surnai	me				
HomeAddress			Busine Addres					
Home Phone			Busine	ess Ph				
Mobile Phor	ie		Email					
Occupation			Date of	f Birth				
Address for C	Correspondence	e Home: [☐ Busine	ss: 🔲 🥻	Please Tick)			
Name of Boat (if applicable)			Type/Class					
Length (Metro	tres) Sail Number							
Membership (Please List)	of other Sailin	g Clubs						
Australian Sa	iling Number (if y	ou have one)						
I a	ım interested ir	Racing 🗖	Cruising	□ во	oth Racing	and Cru	uising \square	
 	nereby apply fo	r membershi	p of the SYDNE _ Member. <i>(Full,</i>					
I declare the a of the Club	above details to	be correct a	and agree that i	f elected I	will abide b	y the R	Rules and By Laws	
			ne SASC is req dy, Australian S		are some o	of my pe	ersonal	
Date	9			Signature				
			financial memb above applican	t.		MATE	JR SAILING	
	Name (Please		Date Joined Club		Known to olicant	Signature		
Proposer								
Seconder								
Directors ann	otation							
Admin Only								
Date Rec'd	1 st Person Contact	Interview	Application Form Rcvd	Board Approva	al Join	n Fee	Subs Paid	
MYOB	Access	Outlook 1	Outlook 2	Excel	Austra		Letter	