

MEMBERSHIP APPLICATION



SAILABILITY NSW INC AND ITS BRANCH:.....

I hereby apply to become a member of Sailability NSW Inc and its above Branch.
 In the event of my admission as a member, I agree to be bound by the rules of Sailability NSW Inc and its above Branch for the time being in force and agree to abide by all decisions by a Committee Member with regard to activities at a Sailability event. My relevant personal details, which I understand are necessary to complete the membership database, are:

| | | | |
|--------------|--|---------------|----------------|
| Family Name: | | Given Name: | |
| Address: | | | |
| Home Phone: | | Mobile Phone: | |
| Email: | | | Date of Birth: |

| | | | |
|-----------------|-------------|---------------------|--|
| My next of kin: | | Relationship to me: | |
| Address: | | | |
| Home Phone: | Work phone: | Mobile Phone: | |

I understand that the following personal information is optional but will assist Sailability NSW and its above Branch with organisation of events and future development planning:

| | | | |
|--|---------------------|------------------------------|--|
| I have a disability: YES / NO | Type of disability: | | |
| I need assistance: YES / NO | Type of assistance: | | |
| I have a family member / friend / carer to help me: YES / NO | | I use a wheelchair: YES / NO | |
| I have sailed before: YES / NO | Details: | | |

| | |
|---|-------------------------|
| I would like to be involved in the Branch Committee: YES / NO | My relevant skills are: |
| I would like to be a Volunteer on sailing days: YES / NO | My relevant skills are: |
| I heard about Sailability from: | |

| | | |
|-----------------------------------|--------------------|---------|
| Membership to Sailability NSW Inc | (to 30 June 200): | \$ 5.00 |
| Membership to Sailability Branch | (to 30 June 200): | \$ |
| Total Membership due: | | \$ |

| | | |
|------------|--|-------|
| Signature: | | Date: |
|------------|--|-------|