***Application for Membership/Renewal October 2022 to September 2023***

I hereby apply to become a member of Sailability NSW Inc and its Batemans Bay Branch.

In the event of my admission as a member, I agree to be bound by the rules of Sailability NSW Inc and its Batemans Bay Branch for the time being in force and agree to abide by all their decisions 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(s): |
| Address: | |
| Home phone: | Mobile phone: |
| Email: | Date of birth: |

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

|  |
| --- |
| Membership to Sailability Batemans Bay Branch $10.00  Extra family members $5.00 but please complete a membership form for each person  Donation (optional) $ 5.00  Total due $15.00 |

Electronic payment may be made to BSB 112-879, Account 154 032 101 Enter family name in Reference.

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

Please return completed form either in person, by email [contact@sailabilitybatemansbay.com](mailto:contact@sailabilitybatemansbay.com) or by mail to:

Sailability Batemans Bay

90, The Anchorage, Moruya Heads NSW 2537

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

For membership renewal, there is no need to fill out any of these boxes if your information is the same as previous year(s).

|  |  |  |
| --- | --- | --- |
| 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 wheel chair Yes / No |
| I have sailed before Yes / No | Details: | |

|  |  |
| --- | --- |
| I would like to be involved in the Branch Committee Yes / No | Relevant skills: |
| I would like to be a volunteer on sailing days Yes / No | Relevant skills: |
| I heard about Sailability from: | |

Qualifications/Experience

|  |  |  |
| --- | --- | --- |
|  | Small Boat | Sailing |
| Racing |
| Power Boat | Safety Boat Handling |
| Yachting | Inshore |
| Offshore |
| Power Boat Licence | No: | Expiry Date: |
| First Aid Certificate | No: | Expiry Date: |
| Working With Children | No. | Expiry Date: |

Other relevant qualifications?

Are you a recreational Sailor? Yes / No

Do you have boat maintenance skills? Yes / No

Would you be interested in a “Learn to Sail” program? Yes / No