

TWIN BRIDGES CRUISING CLUB INC.
1 / 205 West Street, Umina Beach 2257



Commodore: Troy King
Secretary: John Platt
Email: twinbridgescruisingclub@gmail.com

MEMBERSHIP APPLICATION FORM

I wish to apply to become a Twin Bridges Cruising Club member and, if accepted, agree to abide by the rules of the Club.

NAME:

EMAILADDRESS.....

HOME ADDRESS:

.....
POST CODE:

PHONE: HOME: **BUSINESS**.....

MOBILE:

CREW / PARTNER

PREFERRED METHOD OF CONTACT. – EMAIL or POST

NAME OF VESSEL **REG No**.....

BRAND, TYPE & LENGTH OF VESSEL.....

MOORING/BERTHING LOCATION.....

PAYMENT ENCLOSED FOR

- 1. Boat Membership Annual Fee (includes membership for Applicant & Crew. **\$190**)
 - 2. 1 off joining fee including club pennant. **\$50**
- Total \$240**

SIGNED by APPLICANT:**DATE**.....

NOMINATED BY.....(must be an existing Club Member)

SIGNED BY NOMINATOR.....

COMMITTEE REVIEW / APPROVAL (All committee members to be consulted and agree on membership. If a decline by any committee member is noted, then the membership is considered declined):

Committee reviewed: YES / NO Membership Agreed: YES / NO

Office Use Only

Date Approved **Membership No**.....

Payment Received \$..... **Authorising Officer**.....