

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:
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