GOLD COAST BOAT CLUB P.O BOX 321 SOUTHPORT Q 4215

MEMBERSHIP APPLICATION FORM Gold Coast Boat Club Inc Applicant Name: PO Box 321 SOUTHPORT QLD 4215 Partner's Name: E: goldcoastboatclub@yahoo.com.au W: goldcoastboatclub.com.au Mailing Address: P/Code Home Phone No: Mobile: Business Phone No: Email: Children's Name: D/O/B: D/O/B:_____ (under 18) D/O/B: D/O/B: Applicants Occupation: Company Name: Current/Previous member of any affiliated boat clubs Yes / No If so, which club/s Recommended By: **VESSEL INFORMATION** Make Model Size **Boat Name** Reg No. Vessel 1: Tender / Vessel 2: Is Vessel Insured: Yes / No Fitted with Radio: Yes / No Type: 27MGZ / VHF APPLICATION INFORMATION Membership is on a financial basis (ie Jul-Jun). Annual renewal fee is due on 1st July each year and is currently \$174.50. Initial membership includes entrance fee, club pennant, membership sticker, Anchorage facilities key & building levy and is from date of application until June 30th. Initial application fee varies depending on the month joined, refer to table below for fees. JAN \$316.50 APR \$266.50 JUL \$415.50 OCT \$366.50 MAY NOV \$349.50 **FEB** \$299.50 \$249.50 AUG \$399.50 MAR \$282.50 JUN \$233.50 SEP \$382.50 DEC \$332.50 PLEASE NOTE: Prices subject to change All applications are required to sit on the table for 1 month for approval. If accepted at the monthly committee meeting an invoice for the required months application fee will be forwarded for payment. * * * I hereby apply for membership, and if accepted, agree to subscribe to, and be bound by it's Constitution, By-laws and Code of Conduct. I also understand that full membership privileges apply for all persons listed on this form (children to the age of 18). Individual membership is available to persons over 18 years of age. Committee reserves the right to cancel any membership at any time for breaching of Club Rules and / or misconduct. Signed: Date: Any additional information or comments can be placed on the reverse of this form. All fees are subject to change with notice. Date Application Date Membership OFFICE USE ONLY: Form Received: Fees Received: CHQ / MO Details: Sit on Table Month of: