



Postal Address- PO Box 283 Mitchell A.C.T. 2911

MEMBERSHIP APPLICATION
Or
MEMBERSHIP RENEWAL

NAME.....

ADDRESS.....

.....

STATE.....POSTCODE.....

PHONE H.....W.....Mob.....

EMAIL.....FAX.....

(Please delete that of the following which is not applicable)

I wish to apply for full membership/renew full membership and attach annual fee of \$50

I wish to apply for associate membership/ renew associate membership and attach annual fee of \$20

Associate membership does not carry voting rights and is subject to other restrictions as specified in the Constitution.

Cheques to be made payable to Traditional Boat Squadron of Australia

DETAILS OF BOAT/S OWNED AND YOUR AREAS OF INTEREST. (Please include name of boat)

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I agree to be bound by the Constitution and rules of the Squadron until I terminate this agreement in writing.

Signed.....Date.....