

Membership Application Form

Membership Type:

Surname(s):

Forename(s)

Residential Address:

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Home Phone:

Cell Phone:

I would like to subscribe to SMS notifications for:

Racing Cruising Social

Email:

Family Membership List all names and DoB for children under 18 years:.

.....

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Applicant Signature:

Under 18 years Parent or Guardian Signature

.....

Boat Type: Yacht Launch Trailer Sailor

Boat Name:.....

Sail Number:..... Boat Class.....:

Payment Details: Cash Cheque Eftpos

Direct Credit (Reference: Surname)

Opua Cruising Club: ASB 12-3102-0016955-50