



*Tasmanian Sail Training
Association Ltd.* A.C.N. 009 531 720

"Lady Nelson"

G.P.O. BOX 785, HOBART 7001

TELEPHONE (03) 62343348

FAX: (03) 62341744

APPLICATION FORM

Surname: _____ First: _____ Mr. Mrs. Miss. Ms.

Address: _____

City: _____ State: _____ Postcode: _____

Phone: Home: _____ Work: _____ Mobile: _____

Email address: _____

Date of Birth: _____ Occupation (optional) _____

Signature: _____

NEXT OF KIN

Surname: _____ First: _____ Mr. Mrs. Miss. Ms.

Address: _____

City: _____ State: _____ Postcode: _____

Phone no: _____ Relationship: _____

Joining Fee: *This covers the cost of training and is required for Insurance*

Junior: members less than 18 years of age. \$20
(Juniors are not eligible to vote)

Student: Full Time \$35

Individual: Adult 18 years of age and over \$55

Family: Parents and children up to 17 years of age \$75
(Family members' names – see next page)

Direct deposit:

Account name: Tasmanian Sail Training Association

BSB: 067-100

Account Number: 1030 2295

Office Hours 10AM to 3PM Weekdays.

PREFERRED AREA TO PARTICIPATE

(please circle one or more)

CREWING: DECK COOK PURSER

MAINTENANCE: GENERAL MECHANICAL ELECTRICAL

OFFICE: ADMINISTRATION INFORMATION TECHNOLOGY
 FUND RAISING HISTORICAL

SPECIAL SKILLS OR KNOWLEDGE:

Please list any special skills or knowledge that you possess that may benefit the Association:

ASSOCIATE MEMBERS (Family members)

Name	Date of Birth	Relationship
1.		
2.		
3.		
4.		

OFFICE USE ONLY

Date Application received: _____

Date Dues paid: _____ Receipt: _____ issued by: _____

VMC notified: _____

Date entered database: _____

Date crewing notified: _____